



Texas Department of State Health Services

Outpatient Certification (Formerly WebCertification)

Revised April 2025

Document #: 25-15011



Certification



Start Certification Encounter on Demand (EOD)
Data Reporting Schedule
Logging into Certification
Viewing Older Quarters Data
Encounter on Demand
Certification Reports
Certification File Download
Certifying Data





Start Certification - System Feature

After the *Cutoff for initial submission the Data Administrator (aka Provider Primary Contact) and Certifier will now receive an email a few days after the "Cutoff for Initial Submission". This email will be sent approximately sixty days after the end of each quarter. The email will have four reports attached to it:

Summary Report – use this report to validate if the data for the period is correct, such as record counts, min/max/average charges, admission type and source, payer type, patient age, gender, race, and ethnicity

Claim Count for First Physician Report - Use this to determine if the physicians (attending, operating, other) who utilize your facility are represented correctly. This report will give a claim count by physician name, sorted by name. It will also include the physician ID but will not include patient information.

Claim Count for Second Physician Report - Use this to determine if the second physicians (attending, operating, other) who utilize your facility are represented correctly. This report will give a claim count by physician name, sorted by name. It will also include the physician ID, but will not include patient information

Error Type List Report - use this to determine if you have made all possible corrections to your data, if needed.

This email will only be sent to facilities that have a 100% accuracy rate on the date of initial submission. This email will suggest that if the Certifier determines that the data is complete and accurate after reviewing the reports, then they should consider choosing the Encounter or Event on Demand (EOD) option on their certification tab for that quarter. If you do not choose to start the EOD option, the certification process will start after the cutoff for corrections as it does now.

*Cutoff for initial submission is the date when the submission data is due in the system.



Certification Due Dates



The THCIC reporting schedule is available online at https://www.dshs.texas.gov/texas-health-care-information-collection/facility-reporting-requirements/data-reporting-schedule

Data Reporting Schedule

Texas Health Care Information Collection Center for Health Statistics

Activity	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026	Q2 2026
Cutoff for initial submission	3-3-25	6-2-25	9-2-25	12-1-25	3-2-26	6-1-26	9-1-26
Cutoff for corrections	5-1-25	8-1-2025	11-3-25	2-2-26	5-1-26	8-3-26	11-2-26
Facilities retrieve certification files	6-2-25	9-2-2025	12-1-25	3-2-26	6-1-26	9-1-26	12-1-26
Certification/ comments due	7-15-25	10-15-25	1-15-26	4-15-26	7-15-26	10-15-26	1-15-27

The reporting schedule is a rule driven schedule, under <u>Chapter 421</u>, Title 25, Part 1 of the Texas Administrative Code, Subchapter D, <u>RULE §421.66</u>. The due dates are either the 1st or the 15th of the month, if these dates are on a weekend or state observed holiday, the data is due the next business day.



Data Due Dates

Data Reporting Schedule

Texas Health Care Information Collection Center for Health Statistics

Activity	Q4 2024	Q1 2025	Q2 2025	
Cutoff for initial submission	3-3-25	6-2-25	9-2-25	Cutoff for initial submission, date when the data is due in the system
Cutoff for corrections	5-1-25	8-1-2025	11-3-25	Cutoff for corrections, is when the corrections are due by for that quarter
Facilities retrieve certification files	6-2-25	9-2-2025	12-1-25	Facilities receive certification files, by this date System13 sends the certification files
Certification/ comments due	7-15-25	10-15-25	1-15-26	Certification/comments due, when the data must be certified and comments (if any) needed to be inputted into the system. If data is less than 100% accurate, comments must be submitted at certification.

The reporting schedule is a rule driven schedule, under <u>Chapter 421</u>, Title 25, Part 1 of the Texas Administrative Code, subchapter D, <u>RULE §421.66</u>. The due dates are either the 1st or the 15th of the month, if these dates are on a weekend or state observed holiday, the data is due the next business day.



THCIC System

 System13, Inc. / THCIC Web - Windows Int System13, Inc. / THCIC Web - Windows Int https://thcic.system13.com/user_se File Edit View Favorites Tools Help Favorites System13, Inc. / THCIC Web 	l og inte the System 2 system at	• • ×
	system13 Making technology your best friend. THCIC Support Center	
	Problems Logging In? USERNAME: login PASSWORD: password	
	SIGN IN For security reasons your session will be terminated after 40 minutes of inactivity.	
	ENROLLMENTS	



Log In the System as a Provider

	system13
Т	HCIC Support Center
	Problems Logging In? USERNAME: th0000008
	PASSWORD:
	SIGN IN
For secu	rity reasons your session will be terminated after 40 minutes of inactivity.
	ENROLLMENTS REPORTING SCHEDULE



Security Notice

A https://theic.system13.com/user_session/new A https://theice.session/new A https://theice.session/new A https://theice.sessi	- 📑 🖶 - Page - Safety - Tools - 🕢 -
Revenue of the system of the s	- 🖃 🖶 - Page - Safety - Tools - 🕡 -
THCIC Support Center	
Problems Logging In? USERNAME:	
USERNAME:	
 Security Notice <i>This is not a public use Web Site.</i> This information system is operated under the direction of the Texas Health Care Information Council in accordance with the Texas Health are information 2000 and Title 25 of the Texas Administrative Code, Chapter 421. Access requires the explicit consent of the Texas Department of State Health Services. All activities on this web site, including attempted access, are monitored and recording. This information will be provided to law enforcement a pursue criminal proceedition if monitoring reveals evidence of criminal activity. This web site uses a computer security system that is designed to prevent unauthorized access. Unauthorized use of the system or data is a frexa and United States laws. Authorized users of this system are reminded of their individual and organizational requirements to safeguard all confidential data. I are an authorized user and I understand and accept the requirements stated in this notice. 	gencies to



Multi-Factor Authentication (MFA)

Confirm Your Identity

A code has been sent to the email associated with your account.

Enter your 6-digit code:

VERIFY	RESEND CODE

Code received via email.



Please Confirm Your Identity

Dear THCIC Contact: (Your Name)

To complete the login process for your th******* account, enter this one-time code to confirm your identity: 504057

Please use caution and do not forward or share this information with any unknown third party. To help protect your privacy, this code will expire within 5 minutes.

Neither THCIC nor System13 will call you and ask you for this code, nor will we ask you for a password. Please report any suspicious activity.

Thank you.

-- THCIC/System13 Support

Organization Information:

- Facility Name: THCIC Facility
- Facility Identifier: ******



Confirm Your Identity



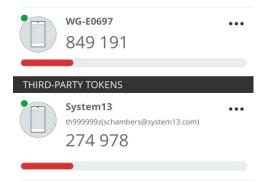
Scan the QR Code with your preferred Authenticator Application to activate your MFA token. If your token is already activated, input the code below.

6-digit code	
VERIFY	

 4:57 ≥
 ...II LTE ⑤

 Edit
 WatchGuard
 Image: Compare the second sec

Check for pending push notifications



Code by scanning the QR Code.





New Provider Dashboard

- The new user dashboard for facility users that provides insights into the claim counts broken down by quarter and month as well as providing the accuracy percentage.
- & A graph of historical clam counts and a section with helpful tips.
- The dashboard also provides key deadlines broken down by quarter as well as prominently displaying the next deadline for submission, correction and certification,.
- & Two views (List and Grid View).





Certification/ Start Certification – Grid View

Home		Data Mgmt	Certification	Batches		User Management My Account Logout
Activ	vity Dashboard 🛄 🔳					
	WEB CLAIM ENTRY CORRECT EI	RORS STAF	T CERTIFICATION			
Q 4	SUBMISSION No claims are present for this quarter.	to submit or o	ystem13 if you still correct claims for th quarter.	· · · · ·	Q4 20	DEADLINE D19 CERTIFICATION
2019	Submission due 2 Mar 2020 Correction due 1 May 2020	Certification due 1	5 Jul 2020		3 W	hen looking at the home age in grid view the
Q1 2020	SUBMISSION Outpatient Data is already built into a certification set.	CERTIFICATION JAN FEB MAR TOTAL ACCURA Outpatient You may begin t	L 3	ess.	² Va	iddle row identifies arious certification due ates.
	Submission due 1 Jun 2020 Correction due 3 Aug 2020	Certification due 1	5 Oct 2020		0.5	
Q2	SUBMISSION No claims are present for this quarter.	CERTIFICATION No claims are p	present for this quar	ter.	•	Q3 2019 Q4 2019 Q1 2020 Q2 2020 Inpatient - Bad Inpatient - Good Outpatient - Bad Outpatient - Good
2020	Submission due 1 Sep 2020 Correction due 1 Nov 2020	Certification due 1	5 Jan 2021		очіск тір: Trainii subjec	ng materials are organized by t on the Help tab.

Certification/ Start Certification – List View

Home Claim	ns Claim Correctio	n Reports	Data Mgmt	Certification	Batches	Help	system13
Activity D	ashboard	III 😑			THCIC		User Management My Account Logou
WE	B CLAIM ENTRY	CORRECT ERRO	DRS STA	RT CERTIFICATIO	N		
Q4 2019 SUBMISSION	No claims are prese			2020		NEXT D Q4 201	9 CERTIFICATION
Q4 2019 CERTIFICATION	Please contact Syste quarter. Certification due 15		eed to submit or o	correct claims for thi	s	page	en looking at the home a in list view the first row
Q1 2020 SUBMISSION	Outpatient Data is already built Submission due 1 J			2020		due accu	tifies various certification dates, as well as the racy of this data and
Q1 2020 CERTIFICATION	JAN FEB MAR TOTAL ACCURACY	Outpatient 1 1 3 100%		in the certification p due 15 Oct 2020	process.	1 0.5	n it's due.
Q2 2020 SUBMISSION	No claims are prese Submission due 1 S			2020			2019 Q4 2019 Q1 2020 Q2 2020 atient - Bad Inpatient - Good Outpatient - Bad Outpatient - Good
Q2 2020 CERTIFICATION	No claims are prese Certification due 15					^{quick тір:} Training subject	g materials are organized by on the Help tab.







Go to Certification



The user can go to Cert	ification by the provid	der tab 🔳	Certification	or by the
activity dashboard icon	START CERTIFICATION			

Inpatient/ Outpatient Certification^{®®}

Home	Claims	Claim Correction	Reports	Data Mgmt	Certification	Batches	Help	system13
THCIC	Supp	ort Center				тнсіс		User Management My Account Logout
Cert	tifica	ation						
INPATI	ENT				OUT	PATIENT		
2025					2025			
	arter counters certificatio	אכ				Quarter Data		
2024					2024	ļ		
4th Qu No Data					Eli	Quarter gible Claims st cut-off date fo	or gener	ation of Cert. Data.
3rd Qu No Data						l Quarter Data		
2nd Qu Eligible Past cut	Claims	or generation of Cert. D	ata.			d Quarter Data		
Older Qua	orters					Quarters Quarter		v
Select Quar	lf a	a facility so e page tha			-	ent/ou	tpa	tient services, this is

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Texas Department of State

Health Services

Outpatient Certification



Home Claims Cla	aim Correction Repo	orts Data Mgmt	Certification	Batches Help	
THCIC Support	Center			THCIC	User Management My Account Logo
Certificati	on				
OUTPATIENT					
2025					
1st Quarter					
3 Events START CERTIFICATION 2024					
START CERTIFICATION		ity <u>ONLY</u> the scree			event data this
START CERTIFICATION 2024 4th Quarter No Data 3rd Quarter					event data this
START CERTIFICATION 2024 4th Quarter No Data	is what				event data this
START CERTIFICATION 2024 4th Quarter No Data 3rd Quarter Eligible Claims	is what				event data this
START CERTIFICATION 2024 4th Quarter No Data 3rd Quarter Eligible Claims Past cut-off date for ger 2nd Quarter	is what				event data this



Select an older quarters data...

Home Claims C	laim Correction Re	ports Data Mgmt	Certification	Batches	Help	system Making technology your best	13 P
THCIC Support	t Center			тнсіс		User Management My Account	Logout
Certificat	ion						
OUTPATIENT							
2025							
1st Quarter 3 Events START CERTIFICATION							
2024							
4th Quarter No Data							
3rd Quarter Eligible Claims Past cut-off date for ge	neration of Cert. Data.						
2nd Quarter No Data	Click Select	Quarter to Il be utilized		der qu	arter	s data. (This	
Older Quarters	leature wi		J later.				*
Select Quarter	If there is	older data a	available,	a listir	ng tha	at shows which	
2023 4th Quarter	quarters a	re available	will be s	een. T	hen,	a facility will be	
2023 3rd Quarter 2023 2nd Quarter	able to sta	art event vie	ew of this	s data.			

Select an older quarters data to view...

Home Claims Claim Co	rrection Reports	Data Mgmt	Certification	Batches	Help	system13
THCIC Support Cer	nter			THCIC		User Management My Account Logout
Certification	ו					
OUTPATIENT						
2025						
1st Quarter 3 Events START CERTIFICATION						
2024						
4th Quarter No Data						
3rd Quarter Eligible Claims Past cut-off date for generation	n of Cert. Data.					
2nd Quarter No Data						
Older Quarters 2024 1st Quarter 321 Events			-			been selected to view



<u>Encounter on Demand</u> is the ability for facilities to generate quarterly certification data after the quarter has ended.

Facilities will be able to generate their quarterly certification data and the corresponding certification data reports from the time a quarter ends (example: IqII ends March 31, 2011.) A facility can generate the certification files for this time through the end of the corrections period for that quarter.

<u>PLEASE BE ADVISED</u> when a facility has chosen to begin this process, the facility must ensure the data has been submitted, is complete and accurate. If changes need to be made to this data <u>after</u> the file has been generated, these changes will incur a charge from System 13 to regenerate the data. Also, <u>ANYONE</u> with access to a UserID as a certifier can initiate the EOD and not just the system administrator for the facility.



Home Claims Claim Correction Reports Data Mgmt Certification	Batches Help	system13
THCIC Support Center	THCIC	User Management My Account Logout
Certification		
OUTPATIENT		
2025		
1st Quarter 3 Events Generate Quarter Cert. Data 🔿		
2024		
4th Quarter Generate Quarter Cert. Data 📫		
3rd Quarter Eligible Claims START CERTIFICATION		
2nd Quarter No Data		
Older Quarters Select Quarter		•



Home Claims Claim Correction	Reports Data Mgmt	Certification Batches Help	system13
THCIC Support Center		THCIC	User Management My Account Logout
Certification			
OUTPATIENT			
2025			
1st Quarter 3 Events Generate Quarter Cert. Data ➡ 2024 4th Quarter			
Generate Quarter Cert. Data 🔶	reports.	g certification data	
3rd Quarter Eligible Claims START CERTIFICATION			
2nd Quarter No Data			
Older Quarters Select Quarter			T



Home Claims Claim Correction	Reports	Data Mgmt	Certification	Batches Help	system13
THCIC Support Center				тнсіс	User Management My Account Logout
Certification					
OUTPATIENT					
2025					
1st Quarter 3 Events Generate Quarter Cert. Data		-	-	previous qua	
2024	quarte	er's data	. You canr	to run a re not request	EOD if
4th Quarter Generate Quarter Cert. Data ┿	the pr	evious q	uarter na	s not been ı	an.
3rd Quarter	Generate	Quarter Cert.	Data Error		
Eligible Claims				ated. You must ge ase call System13	
2nd Quarter No Data					
Older Quarters Select Quarter					▼



Home Claims Claim Correction	Reports Data Mgmt	Certification Batche	s Help System13 Making technology your best friend.	P
THCIC Support Center		тнск	C User Management My Account Lo	gout
Certification				
OUTPATIENT				
2025				
1st Quarter 3 Events Generate Quarter Cert. Data 🔶				
2024				
4th Quarter Generate Quarter Cert. Data 🍁 <				
3rd Quarter Eligible Claims START CERTIFICATION				
2nd Quarter No Data				
Older Quarters Select Quarter				Y



Home Claims Claim Correction Report	ts Data Mgmt	Certification	Batches Help	system13
THCIC Support Center			тнсіс	User Management My Account Logout
Certification				
OUTPATIENT				
2025				
1st Quarter 3 Events Generate Quarter Cert. Data 中				
2024				
4th Quarter Generate Quarter Cert. Data 🍁 🚄				
3rd Quarter Eligible Claims START CERTIFICATION				
2nd Quarter No Data				
Older Quarters Select Quarter				Y

EOD Request Not Allowed

Home Claims Claim Correction Reports	Data Mgmt Certification Batches Help System13
THCIC Support Center	THCIC Trainee 1 000006 User Management My Account Logout
Certification	
INPATIENT	OUTPATIENT
2024	2024
The system has determined your data is not 100% accura If you feel you received this in error, or require assistance	ate. Therefore the EOD request is not allowed. e with your corrections, please contact the System13 Help Desk at 888-308-4953 or thcichelp@system13.com.
CLOSE 1st Quarter No Data	1st Quarter Eligible Claims
1st Quarter	1st Quarter
1st Quarter No Data 2023 4th Quarter	Ist Quarter Eligible Claims EOD is not allowed if your data isn't 100% accurate as the message indicates. But if you are 100% accurate, you can start this



Generate Quarter Cert. Data =

 Home
 Claims
 Claim Correction
 Reports
 Data Mgmt
 Certification
 Batches
 Help
 System13
 System33
 <

uarter Ar	arter Analysis									Quarter Comparison			
Month	Total	xx0	xx1	xx2	xx3	xx4	xx5	xx6	xx7	xx8	???	Qtr	Tota
Oct	0	0	0	0	0	0	0	0	0	0	0	1q15	234
Nov	0	0	0	0	0	0	0	0	0	0	0	4q14	430
Dec	0	0	0	0	0	0	0	0	0	0	0	3q14	321
Jan	78	19	11	10	7	16	10	0	5	0	0		
Feb	81	12	15	14	9	14	11	0	6	0	0		
Mar	75	11	12	11	7	13	10	0	11	0	0		

Messages

Some claims still have errors. Please use Claim Correction to correct these claims. You may also review these errors with the Frequency of Errors Report and the Hardcopy Report, both of which are available on the Reports Tab.

* You may wish to use the Claim Merge function to reduce your claims and obtain a better claim summary.

You should use the Summary Report on the Reports tab to obtain a snapshot of your data. This report shows data distribution by month,

* charges, admission type, newborns, discharge status, payer (claim filing indicator), patient geographic origin, gender, age, race, ethnicity, length of stay and diagnosis and procedure counts per claim.

Based on the above analysis, please verify that there are NO unaddressed data issues prior to continuing with the cert file generation.

No

Do you wish to continue? Yes

Print Data Analysis Report



Generate Quarter Cert. Data 📫

Certification Data Set

The Certification data and reports for your facility will be generated within the next 72 hours once you click 'OK'. This will remove the quarter's data from the Claims and Claims Correction screens (WebClaim, WebCorrect) and prepare the data (This quarter's Certification Data Set) for your review.

Do you wish to continue?

OK

A facility will have to verify twice, that the facility is requesting to generate this file.

Cancel



This is the facility's final message, an email will be sent to the Provider Primary Contact/Data Administrator when the data is available for certification, within 3 business days. The screen will show generation in progress. Once available it will show start certification.



Home Claims Claim Correction Reports Data Mgmt Certification Batches Help	system13
THCIC Support Center	Iser Management My Account Logout
Certification	
OUTPATIENT	
2025	
1st Quarter 3 Events Generate Quarter Cert. Data 🔿	
2024	
4th Quarter Eligible Claims START CERTIFICATION	
3rd Quarter	
Eligible Claims	
Once you get confirmation that the previous quarter is read you can now start the certification for the next quarter.	y for certification,
Older Quarters	
Select Quarter	•



Start Certification



Home Claims Claim Correction	Reports Data Mgmt	Certification Bat	thes Help	system13
THCIC Support Center		וד	ICIC	User Management My Account Logout
Certification				
OUTPATIENT				
2025				
2024				
4th Quarter No Data				
3rd Quarter Eligible Claims				
Past cut-off date for generation of Cert. Data	a.			
2nd Quarter No Data				
Older Quarters				
Select Quarter				Y

List of all Events Generated



Home Claims	Claim Correction	Reports Data M	Agmt Certification	Batches Help	:	system13
THCIC Suppo	ort Center			тнск	User Mana	gement My Account Logout
Certifica	ition					
Back to Certification b	y Quarter	Q Enter Control #, N	Medical Record #, Patient	or Certification #	SEARCH	Reports and Certification 🕨
Patient Control # 🗢	Medical Record #	Event ID	Processed Date	Patient Name	Claims	¢ _{Type} ¢
123	123	120200000011	06/16/2020	DOE, JACKSON	1	OUT-I
147	147	120200000012	06/16/2020	DOE, JENNIFER	1	OUT-I
852	852	12020000013	06/16/2020	DOE, BERRY	1	OUT-I

3 Events for 2020 1st Quarter Outpatient



Encounter View

Medical Record # 🗢 Event ID

Patient Control # 🗘

The events are ordered by event ID specified by System I 3. The facility can click a column header and it will modify the list accordingly for that column.

The search feature to search your claim listing is also available.

Processed Date

÷

Q Enter Control #, Medical Record #, Patient or Certification #

Patient Name

Claims

SEARCH

Type



Search Claim Listings



Once the user opens the claim correction tab, a listing of all claims that need correction will be displayed.

The user can modify the claims by:

Q

- Control #
 Medical record #
- **Patient or**
- Certification #

Once this data has been typed in to modify the list, pressing 'clear' will take the user back to the certification listing.

To close out this search click the X on this field.

X SEARCH

Choose Event Claim to View



Home Claims	Claim Correction	Reports Data Mg	mt Certification	Batches Help	5	system13
THCIC Suppo	ort Center			тнск	User Manag	gement My Account Logout
Certifica	tion					
Back to Certification by	/ Quarter	C Enter Control #, Me	edical Record #, Patient or	Certification #	SEARCH	Reports and Certification 🕨
Patient Control # 🗢	Medical Record # 🗢	Event ID	Processed Date	Patient Name	Claims	¢ Type \$
123	123	120200000011	06/16/2020	DOE, JACKSON	1	OUT-I
123 147	123 147	120200000011 120200000012	06/16/2020 06/16/2020	doe, jackson doe, jennifer	1	

3 Events for 2020 1st Quarter Outpatient

Event View – Patient Tab



Home Claims Claim C	Correction Reports Data Mgmt	Certification Batches Help	system13		
THCIC Support Ce	enter	тнсіс	User Management My Account Logout		
CERTIFICATION					
Back to 2020 1st Quarter Outpa	atient Event List		 120200000011 		
DOE, JACKSON	Medical Record Number: 123	Patient Control Number: 123	Outpatient Institutional		
	Number of Claims: 1	Process Date: 06/16/2020			
✓ Patient	Personal Information				
✓ Diagnoses	Name	Medical Record Number	Social Security Number		
✓ Situational Codes	JACKSON DOE	123	9999999999		
✓ Charges	Address				
✓ MedPAR	78780 WILLOW BEND DR AUSTIN, TX 78741				
0 Warnings					
✓ Facility	_				
Warnings					
will indicate if					
event warnings.					
To return to the event listing at any time click Back to 2020 1st Quarter Outpatient Event List . Click the tab to move through the different tabs. The tab shown will be					
highlighted.					

Event View – Patient Tab

Home Claims Clain	n Correction Reports Data Mg	gmt Certification Batches Help	system13			
THCIC Support C	Center	тнсіс	User Management My Account Logout			
CERTIFICATION	patient Event List		12020000011			
DOE, JACKSON	Medical Record Number: 12 Number of Claims: 1	Patient Control Number: 123 Process Date: 06/16/2020	Outpatient Institutional			
✓ Patient	Personal Informatio	on				
✓ Diagnoses ✓ Situational Codes	Name JACKSON DOE	Medical Record Number 123	Social Security Number 999999999			
✓ Charges	Address					
✓ MedPAR	78780 WILLOW BEND DR AUSTIN, TX 78741					
0 Warnings						
✓ Facility	ID					
	Any PINK areas indicate there is an error on your					
	data. If a facility would like to make changes to their data the facility will have to contact System 13. There					
		data the facility will have to contact System 13. There will be a cost involved to make changes to their data				
		at certification. <u>The Claim Correct feature is not</u>				
	at certifica	J J J J J J J J J J J J J J J J J J J				

Event View – Diagnosis

Home Claims Clain	n Correction Reports Data Mgmt Cert	ification Batches Help	system13
THCIC Support C CERTIFICATION		тнсіс	User Management My Account Logout
DOE, JACKSON	Medical Record Number: 123 Number of Claims: 1	Patient Control Number: 123 Process Date: 06/16/2020	Outpatient Institutional
✓ Patient	Diagnoses		
✓ Diagnoses	Principal	Reason For Visit	
 Situational Codes 	D1722 - Benign lipomatous neoplasm of sl left arm	kin, subcu of	
✓ Charges			
✓ MedPAR	Other Diagnosis Codes	E-Codes	
0 Warnings			
✓ Facility			
	The Diagnosis/ Proceed diagnosis, other diagno <u>Outpatient events do</u> <u>Diagnosis & Procedure</u>	osis codes, reason f not have any proce	

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Event View – Situational Codes



Home Claims Claim	Correction Reports Data Mgmt	Certification Batches Help	system13
THCIC Support C	enter	тнсіс	User Management My Account Logout
CERTIFICATION A Back to 2020 1st Quarter Outp			12020000011
DOE, JACKSON	Medical Record Number: 123 Number of Claims: 1	Patient Control Number: 123 Process Date: 06/16/2020	Outpatient Institutional
 ✓ Patient ✓ Diagnoses 	Conditions	Values	5
✓ Situational Codes	Occurrence Spans		
✓ Charges		From	То
✓ MedPAR	Occurrences by Date		
0 Warnings		On	Day
✓ Facility			
	The situational comprofessional patients		ailable for outpatient





Home Claims Claim	n Correction Reports [Data Mgmt Certification B	atches Help			tem13
THCIC Support C	Center		тнсіс	User N	1anagement	My Account Logout
CERTIFICATION A Back to 2020 1st Quarter Out				1202000	00011	▼ ►
DOE, JACKSON	Medical Record Nun Number of Claims: 1		ol Number: 123	Outp	atient Institut	tional
✓ Patient	Charges					
 Diagnoses Situational Codes 	Payment Source Ind ID	Name	Name			
✓ Charges	zz	UNKNOWN		1		
 MedPAR Warnings 	Description	Procedure	Qty	Rate	Charge	Non covered
✓ Facility						
	1 0490 HC	01714 ANESTH UPPR ARM TENDON SURG 01/01/2020 - 01/01/2020	3 UN	\$45,000.00	\$135,000.00) - \
	•	tab to see the r to be reported c				rge

Event View – MedPar



Home Claims Cla	im Correction Reports Dat	a Mgmt	Certification	atches Help	system13
THCIC Support	Center			тнсіс	User Management My Account Logout
CERTIFICATION					
Back to 2020 1st Quarter O	outpatient Event List			ſ	120200000011
DOE, JACKSON	Medical Record Numbe	er: 123	Patient Contr	rol Number: 123	Outpatient Institutional
	Number of Claims: 1		Process Date	: 06/16/2020	
✓ Patient					
✓ Patient	MedPAR				
✓ Diagnoses					
 Situational Codes 					
. Charges	Other:	-		Blood Admin:	-
 Charges 	Pharmacy:			Operating Room	n: -
✓ MedPAR	rhannacy.			Lithotripsy:	10 C
0 Warnings	Medical/Surgery Supply:	_		Cardiology:	-
-	Durable Medical Equipment:	-		Anesthesia:	·-
✓ Facility				Laboratory:	67.
	Used Durable Medical Equip:	-		Radiology:	
	Physical Therapy:	2		MRI:	-
				Outpatient Servi	
	Occup Therapy:	-		Emergency Roor	m: -
	Speech Pathology:	_		Ambulance:	-
				Professional Fee	
	Inhalation Therapy:			Organ Acquisitio	
	Blood:	-		ESRD Rev Settin	g: -
_				Clinic Visit:	

The MedPar tab and view the patient's <u>charges rolled into</u> <u>the 30 MedPAR revenue categories.</u>



Event View – Warnings Tab

Home Claims Claim C	Correction Reports	Data Mgmt	Certification	Batches	Help	system13
THCIC Support Ce	enter			тнсіс		User Management My Account Logout
CERTIFICATION Back to 2020 1st Quarter Outpa	tient Event List					▲ 12020000011 ▼ ▶
DOE, JACKSON	Medical Record Number of Clain	2022		ontrol Numbe Date: 06/16/2	53863	Outpatient Institutional
 Patient Diagnoses Situational Codes Charges MedPAR Warnings Facility 	Warnings					
	Warning	Iswill ning on	indicate your da	e if ev	ent	t build issues. warnings. If there ust contact

Event View – Facility



Home Claims	Claim Correction Repo	rts Data Mgmt	Certification	Batches Help		system13
THCIC Suppo	ort Center			THCIC	User Ma	anagement My Account Logout
CERTIFICATION					12020000	0011 v ·
DOE, JACKSON	Medical Re Number of	cord Number: 123 Claims: 1	State State State State	ntrol Number: 123 ate: 06/16/2020	Outpa	tient Institutional
✓ Patient	Facility					
✓ Diagnoses	Provider Information			Facility Specia		
 Situational Codes 	THCIC 1100 West 49th	est 49th Street Cardiovascular				Orthopedic
✓ Charges	Austin, TX 7875			Cardiovas		Otolaryngology Pain Management
✓ MedPAR	EIN: POA: X - Exempt		sent on Admis a feature for o	sion (POA) is	Plastic	Pediatric Psych
0 Warnings	Specialty Units	facil	ities, only inpa	tient facilities.		Rehabilitation/PT
A Paulita				s shown, but n		Skilled Nursing
✓ Facility			ity doesn't pro	nce outpatient wide this		Teaching
			rmation.		ite Care	Thoracic
				-		Urology
				OB-GYN		Other Long Term Care
				Ophthalm	ology	Other

The Facility tab allows a facility to see the facility information that will be reported and the facility specialty information to be reported for the specified patient.



Back to Event Listing

Click A Back to 2020 1st Quarter Outpatient Event List to go back to Event listing.

A facility will be able to view another patient's event file or go to reports and certification.

A facility will also be able to go to certification by quarter.

Reports and Certification

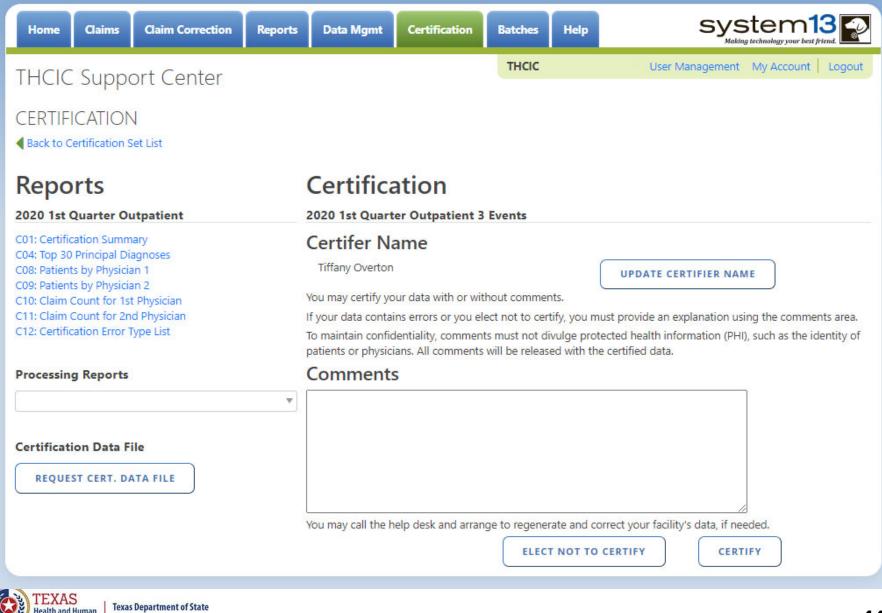


Home Claims	Claim Correction	Reports Data Mgm	t Certification	Batches Help	S	ystem13
THCIC Suppo	ort Center		l	тнск	User Managem	nent My Account Logout
Certifica	ition					
Back to Certification by	y Quarter	Q Enter Control #, Media	cal Record #, Patient or C	ertification #	SEARCH	Reports and Certification
Patient Control # 🗢	Medical Record # 🗢	Event ID 🗢	Processed Date 🗢	Patient Name	≑ Claims	≑ туре ≑
123	123	12020000011	06/16/2020	DOE, JACKSON	1	OUT-I
147	147	12020000012	06/16/2020	DOE, JENNIFER	1	OUT-I
852	852	12020000013	06/16/2020	DOE, BERRY	1	OUT-I

Click Reports and Certification > to go to the reports and certification for the specified quarter.

3 Events for 2020 1st Quarter Outpatient

Reports, Processing Reports, Certification File Download and Certification



Health Services





Provider Review of Data

- Facilities must provide their operating/ rendering physicians an opportunity to review, request correction of, and comment on records of patients for whom they are shown as rendering or operating.
- This is probably the most difficult part of certification!
- The process that facility follows is dependent upon the organizational and logistical structure of the facility.
- × Factors that affect the process or amount of time involved include:
 - × Number of operating/ rendering physicians
 - X Location of practitioners
 - ✗ Interest of practitioners
- Each facility is responsible for developing the process and methods for collecting comments and corrections from operating/ rendering physicians, and for ensuring that their concerns are acted upon.
- ✓ Use of the outpatient reports is not required.

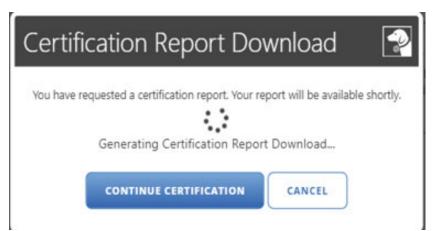


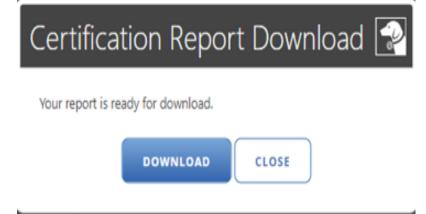
Reports Available

Reports

2020 1st Quarter Outpatient

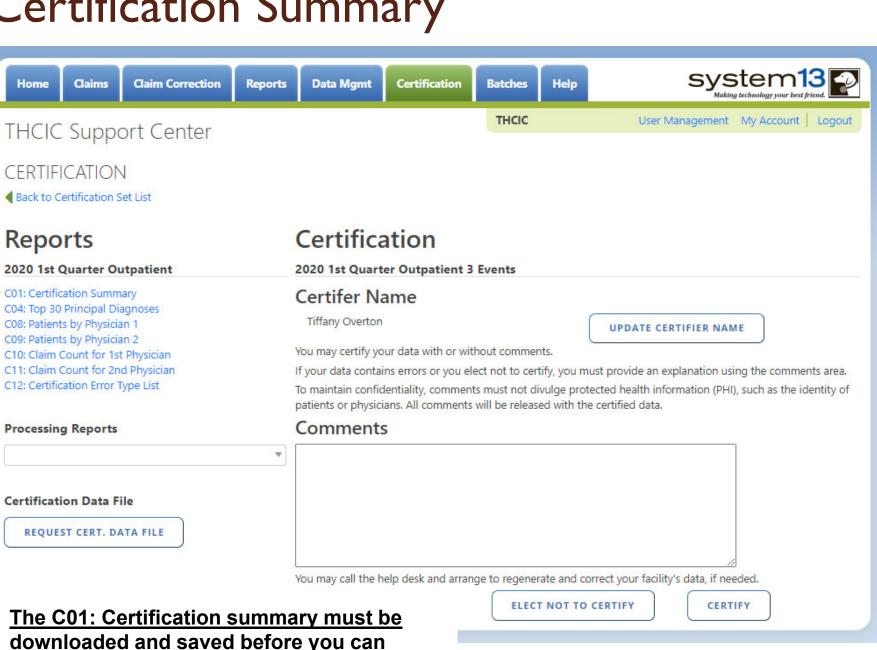
C01: Certification Summary C04: Top 30 Principal Diagnoses C08: Patients by Physician 1 C09: Patients by Physician 2 C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician C12: Certification Error Type List





The Reports will be a downloadable PDF files.

Reports C01 Certification Summary



<u>certify your data.</u>

Texas Department of State

Health Services

Reports C01 Certification Summary

Home	Claims	Claim Correction	Reports	Data Mgmt	Certification	Batches	Help	system13
HCIC	Supp	ort Center				THCIC		User Management My Account Logout
	ICATION Certification S							
Repo	orts		(Certifica	ation			
020 1st (Quarter O	utpatient		2020 1st Quart	er Outpatient 3	Events		
04: Top 30 08: Patient	cation Summ Principal Di ts by Physici ts by Physici	agnoses an 1	(Certifer Na Tiffany Overton				UPDATE CERTIFIER NAME
10: Claim 11: Claim	Count for 1s Count for 2n Count for 2n	t Physician Id Physician	Certifi	cation R	eport Do	wnloa	d	an explanation using the comments area. h information (PHI), such as the identity of
			You have re	equested a certific	ation report. Your	report will be	available s	shortly. lata.
rocessin	g Reports			Generating C	ertification Repo	ort Download	d	
ertificat	ion Data F	ile		CONTINUE	ERTIFICATION	CANCE	L	
RETRIE	VE CERT. D	ATA FILE						
			\	ou may call the h	elp desk and arran		rate and co	CERTIFY CERTIFY

TEXAS

Services

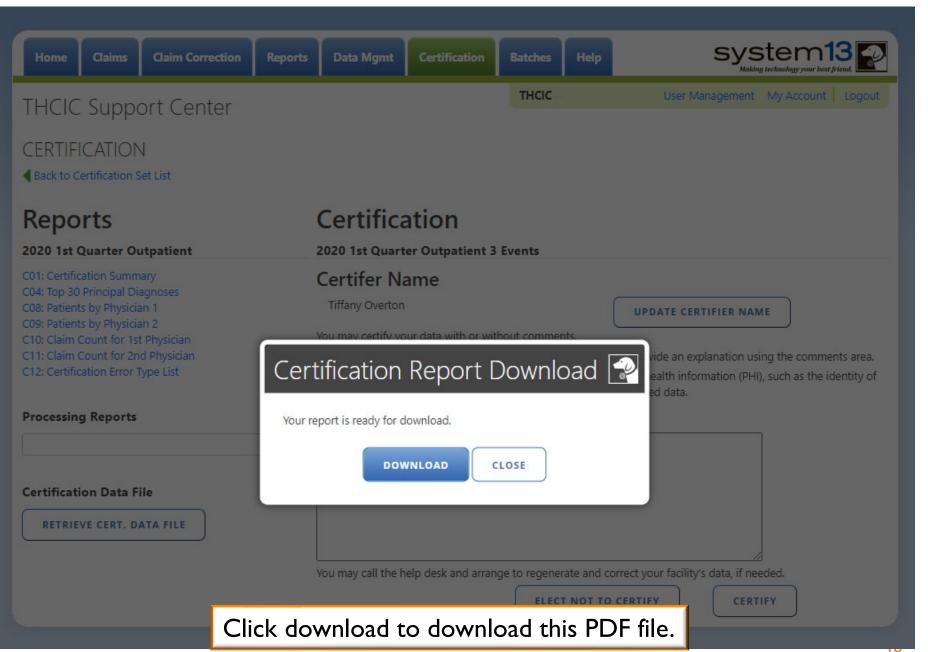
Health and Human

Texas Department of State

Health Services

Reports C01 Certification Summary







TEXAS Health and Human Services Health Services

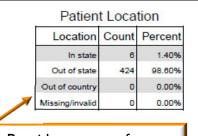
THCIC Report C01: Certification Summary (Outpatient - Institutional) Q4 2014 Report Date: 07-Jul-2015 THCIC ID: 000006 THCIC Trainee 1

Event Summary	Provides a	Claim Filing Indica	ator Coo	de		
Period Cou		Code	Primary	Percent	Second	Percent
Late for 3Q - July 2014		Selfpay - 09	0	0.00%	0	0.00%
Late for 3Q - August 2014	events built for	Central Certification - 10	0	0.00%	0	0.00%
Late for 3Q - September 2014	• the quarter.	Other NonFederal Programs - 11	20	4.65%	0	0.00%
October 2014	45	Preferred Provider Organization (PPO) - 12	20	4.65%	0	0.00%
November 2014	32	Point of Service (POS) - 13	12	2.79%	0	0.00%
December 2014	53	Exclusive Provider Organization (EPO) - 14	18	4.19%	0	0.00%
Total	30	Indemnity Insurance - 15	16	3.72%	0	0.00%
	-	Health Maintenance Organization (HMO) Medicare Ris - 16	19	4.42%	0	0.00%
Charges Summary		Dental Maintenance Organization - 17	15	3.49%	0	0.00%
Type Amount	1	Automobile Medical - AM	26	6.05%	0	0.00%
Total Charges \$1,149,356.24		Blue Cross/Blue Shield - BL	20	4.65%	0	0.00%
		CHAMPUS - CH	18	4.19%	0	0.00%
Average Charge \$2,672.92 Minimum Charge \$1,048.22	summary for	Commercial Insurance Co Cl	19	4.42%	0	0.00%
Maximum Charge \$5,182.00	the events.	Disability - DS	19	4.42%	0	0.00%
Standard Deviation \$687.00		Federal Employees Program - FI	14	3.26%	0	0.00%
Standard Deviation \$087.00		Health Maintenance Organization - HM	16	3.72%	0	0.00%
		Liability - Ll	0	0.00%	0	0.00%
_ists	1	Liability Medical - LM	17	3.95%	0	0.00%
charges Charges Breakout		Medicare Part A - MA	23	5.35%	0	0.00%
		Medicare Part B - MB	15	3.49%	0	0.00%
category Count	Provides counts and	Medicaid - MC	27	6.28%	0	0.00%
or the > \$250,000 0	percentages by payment	Other Federal Program - OF	19	4.42%	0	0.00%
events. \$1,000 - \$250,000 430		Title V - TV	19	4.42%	0	0.00%
< \$1,000 0	source, both primary	Veteran Administration Plan - VA	21	4.88%	0	0.00%
	and secondary.	Workers Compensation Health Claim - WC	23	5.35%	0	0.00%
		Mutually Defined - ZZ	0	0.00%	0	0.00%
		Mutually Defined, Or SelfPay, Or Unknown, Or Charity - ZZ	14	3.26%	0	0.00%
		Missing/Invalid	0	0.00%	430	100.00%

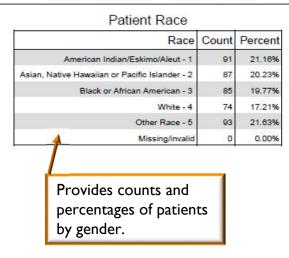




THCIC Report C01: Certification Summary (Outpatient - Institutional) Q4 2014 Report Date: 07-Jul-2015 THCIC ID: 000006 THCIC Trainee 1

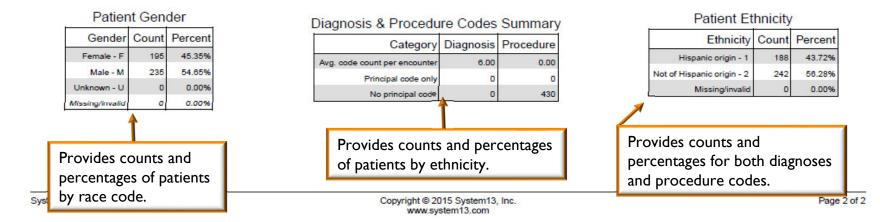


Provides counts of patients that reside in Texas, outside of the state, or outside of the country.



Patient Age	e Brea	kdown
Age	Count	Percent
Less than 1 year	430	100.00%
1 - 17	0	0.00%
18 - 44	0	0.00%
45 - 64	0	0.00%
65 - 74	0	0.00%
> 74	0	0.00%
Missing/invalid	σ	0.00%

Provides counts and percentages of patients by age.



Reports C04 Top 30 Principal Diagnoses



Home Claims Claim Correction Reports	Data Mgmt Certification Batches Help	system13
THCIC Support Center	THCIC	User Management My Account Logout
CERTIFICATION A Back to Certification Set List		
Reports 2020 1st Quarter Outpatient	Certification 2020 1st Quarter Outpatient 3 Events	
C01: Certification Summary C04: Top 30 Principal Diagnoses C08: Patients by Physician 1 C09: Patients by Physician 2 C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician C12: Certification Error Type List	Certifer Name Tiffany Overton You may certify your data with or without comments. If your data contains errors or you elect not to certify, you m To maintain confidentiality, comments must not divulge pro- patients or physicians. All comments will be released with th	tected health information (PHI), such as the identity of
Processing Reports	Comments	
▼ Certification Data File REQUEST CERT. DATA FILE	You may call the help desk and arrange to regenerate and concernence of the second sec	



Reports C04 Top 30 Principal Diagnoses

THCIC Report C04: Top 30 Principal Diagnoses (Outpatient - Institutional) Q4 2014 Report Date: 07-Jul-2015 THCIC ID: 000006 THCIC Trainee 1

Diag Code	Description	Perce nt	Avg. LOS in days	Total Discharges Avg. Charge	Under 1 Discharges Avg. Charge	1-17 Discharges Avg. Charge	18-44 Discharges Avg. Charge	45-64 Discharges Avg. Charge	65-74 Discharges Avg. Charge	Over 74 Discharges Avg. Charge
04619	OTHER CREUTZFELDT- JAKOB	0.70%	10.0	3 \$2,705.78	1 \$3,121.94					
94877	70-79% BDY BRN/70- 79% 3D	0.47%	6.5	2 \$3,127.20	1 \$3,047.50					
33921	ACUT POST-TRAUMA HEADACH	0.47%	3.0	2 \$1,766.40	1 \$2,038.28					
66581	OB TRAUMA NEC- DELIVERED	0.47%	8.5	2 \$2,623.85						
9409	BURN EYE & ADNEXA NOS	0.47%	4.0	2 \$2,193.31						
9781	POIS- TYPH/PARATYPH VACC	0.23%	20.0	\$4,208.88						
36854	ACHROMATOPSIA	0.23%	10.0	1 \$2,723.53						
23872	LOW GRD MYELODYSPLST SYN	0.23%	7.0	1 \$3,261.14						
9985	POSTOPERATIVE INFECTION	0.23%	16.0	1 \$2,610.76						
37481	HEMORRHAGE OF EYELID	0.23%	8.0	1 \$3,101.55						
25514	OTH SECOND ALDOSTERONISM	0.23%	17.0	1 \$2,656.08						
V1324	PERSNL HIST VULVR DYSPLA	0.23%	17.0	1 \$1,699.15						
38651	HYPRACT LABYRINTH UNILAT	0.23%	9.0	1 \$3,076.80						
28801	CONGENITAL NEUTROPENIA	0.23%	14.0	1 \$2,088.94						
V159	HX-HEALTH HAZARD NOS	0.23%	5.0	1 \$2,895.50						
80513	FX C3 VERTEBRA- OPEN	0.23%	10.0	1 \$1,712.03						
29626	DEPR PSYCHOS- FULL REMISS	0.23%	7.0	1 \$2,693.25						
V494	DISFIGUREMENTS OF	0.23%	22.0	1 \$2,605.61						
01110	TB LUNG NODULAR- UNSPEC	0.23%	23.0	1 \$2,723.36						
82010	This report is presented in descending order by total									

System: Trainer

charges for each of the top 30 principal diagnosis.

age 1 of 2

Reports C08 Patients by Operating/Rendering | Physician

1	Home Claims Claim Correction	Reports	Data Mgmt	Certification	Batches Help	system13
100	THCIC Support Center				тнсіс	User Management My Account Logout
	CERTIFICATION A Back to Certification Set List					
	Reports		Certifica	ation		
	2020 1st Quarter Outpatient		2020 1st Quart	ter Outpatient 3	Events	
	C01: Certification Summary C04: Top 30 Principal Diagnoses C08: Patients by Physician 1 C09: Patients by Physician 2 C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician C12: Certification Error Type List		If your data conta To maintain confid	our data with or wit ins errors or you ele dentiality, comment	ect not to certify, you m	UPDATE CERTIFIER NAME nust provide an explanation using the comments area. tected health information (PHI), such as the identity of e certified data.
	Processing Reports	•	Comment	S		
	Certification Data File REQUEST CERT. DATA FILE					//
			You may call the h	nelp desk and arran	ge to regenerate and control of the second sec	CERTIFY CERTIFY

Reports C08 Patients by Operating/Rendering I Physician

THCIC Report C08: Patients by Physician 1 (Outpatient - Institutional) Q4 2014 Report Date: 07-Jul-2015 THCIC ID: 000006 THCIC Trainee 1

Operating/Rendering1 Ph DIFFERENT, SVCDATES	hysician:, 5065			
PCN: L241ANDC241 MRN: 12345678A Race: 4 White	From: 2009-10-30 Thru: 2009-10-30 Eth: 2 Not of Hispanic origin	Sex: F Age: 54 LOS: 1	Operating/Rendering1: , 5065 Other/Rendering2: Unassigned	Ancil Chg: \$0.00
Princ. DX: 71516 LOC PRIM OSTEOA	ART-L/LEG Other DX1: 71966 JOINT SYN	IPTOM NEC-L/LEG	Other DX2: 71906 JOINT EFFUSION-L/LEG	
GOOD, ALLEN			1	
PCN: C241ANDC247 MRN: 12345678A	From: 2009-10-30 Thru: 2009-10-30	Sex: F Age: 54	Operating/Rendering1: , 5085 Other/Rendering2: Unassigned	Ancil Chg: \$0.00
Race: 4 White	Eth: 2 Not of Hispanic origin	LOS: 1		
Princ. DX: 71516 LOC PRIM OSTEOA	ART-L/LEG Other DX1: 71906 JOINT EFF	USION-L/LEG	Other DX2: 71946 JOINT PAIN-L/LEG	Other DX3: 7197 DIFFICULTY IN WALKING
GOOD, HARRY				
PCN: C241 MRN: 12345678A	From: 2009-10-30 Thru: 2009-10-30	Sex: F Age: 54	Operating/Rendering1: , 5065 Other/Rendering2: Unassigned	Ancil Chg: \$0.00
Race: 4 White	Eth: 2 Not of Hispanic origin	LOS: 1		
Princ. DX: 71516 LOC PRIM OSTEOA	RT-L/LEG Other DX1: 71908 JOINT EFF	USION-L/LEG	Other DX2: 71946 JOINT PAIN-L/LEG	Other DX3: 7197 DIFFICULTY IN WALKING

This report is presented by patients by operating/ rendering physician.

Reports C09 Patients by Operating/Rendering 2 Physician

Home Claims Claim Correction Reports	Data Mgmt Certification Batches Help	system13				
THCIC Support Center	THCIC	User Management My Account Logout				
CERTIFICATION Back to Certification Set List						
Reports	Certification					
2020 1st Quarter Outpatient	2020 1st Quarter Outpatient 3 Events					
C01: Certification Summary C04: Top 30 Principal Diagnoses C08: Patients by Physician 1 C09: Patients by Physician 2 C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician C12: Certification Error Type List	op 30 Principal Diagnoses Tiffany Overton atients by Physician 1 Tiffany Overton atients by Physician 2 You may certify your data with or without comments. laim Count for 1st Physician If your data contains errors or you elect not to certify, you must provide an explanation using the comments a					
Processing Reports	Comments					
Certification Data File REQUEST CERT. DATA FILE						
	You may call the help desk and arrange to regenerate and c					

Reports C09 Patients by Operating/Rendering 2 Physician

THCIC Report C09: Patients by Physician 2 (Outpatient - Institutional) Q4 2014 Report Date: 07-Jul-2015 THCIC ID: 000006 THCIC Trainee 1

Other/Re ADJUST, F	endering2 Physician: , ROSS	5065				
MRN:	C240C247 12345678A 4 White	From: 2009-10-30 Thru: 2009-10-30 Eth: 2 Not of Hispanic origin	Sex: F Age: 54 LOS: 1	Operating/Rendering1: BURNET, BROOKS 50 Other/Rendering2: , 5085	65	Ancil Chg: \$0.00
Princ. DX:	71516 LOC PRIM OSTEOART-L/LEG	Other DX1: 7197 DIFFICULTY IN	WALKING	Other DX2: 71946 JOINT PAIN-L/LEG		
GOOD, RO	OSS					
PCN: (MRN: ² Race: 4	12345678A	From: 2009-10-30 Thru: 2009-10-30 Eth: 2 Not of Hispanic origin	Sex: F Age: 54 LOS: 1	Operating/Rendering1: BURNET, BROOKS 50 Other/Rendering2: , 5085	65	Ancil Chg: \$0.00
Brine DV:	71516 LOC PRIM OSTEOART-L/LEG		011150	Other DX2: 71946 JOINT PAIN-L/LEG	Other DX3: 7197 DIFF	
Frinc, DA:	TISTO EUC PRIM OSTEOART-DLEG	Other DAT: 71800 JOINT EFF03	UN-D/LEG	Other DAZ: 71846 JOINT PAIN-DLEG	Other DA3. 7197 DIP	ICOLITY IN WALKING
LATE, RO	BERT					
PCN: I MRN: 1	L240 12345678A	From: 2009-10-30 Thru: 2009-10-30	Sex: F Age: 54	Operating/Rendering1: BURNET, BROOKS 50 Other/Rendering2: , 5085	65	Ancil Chg: \$0.00
Race: 4	4 White	Eth: 2 Not of Hispanic origin	LOS: 1			
Princ. DX:	71516 LOC PRIM OSTEOART-L/LEG	Other DX1: 71906 JOINT EFFUSI	ON-L/LEG	Other DX2: 71946 JOINT PAIN-LILEG	Other DX3: 7197 DIFF	FICULTY IN WALKING

This report is presented by patients by operating/ rendering 2 physician.

Reports CI0 Claim Count for Ist Physician



Home Claims	Claim Correction	Reports	Data Mgmt	Certification	Batches	Help system13		
THCIC Sup	port Center				THCIC	User Management My Account Logout		
CERTIFICATIO								
Reports			Certifica	ation				
2020 1st Quarter	Outpatient		2020 1st Quart	ter Outpatient 3	Events			
C01: Certification Summary C04: Top 30 Principal Diagnoses C08: Patients by Physician 1 C09: Patients by Physician 2 C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician C12: Certification Error Type List			Certifer Name Tiffany Overton Vou may certify your data with or without comments. If your data contains errors or you elect not to certify, you must provide an explanation using the comments area. To maintain confidentiality, comments must not divulge protected health information (PHI), such as the identity of patients or physicians. All comments will be released with the certified data.					
Processing Repor	ts		Comment	S				
Certification Data			You may call the H	nelp desk and arrang		e and correct your facility's data, if needed.		

Reports CI0 Claim Count for Ist Physician



THCIC Report C10: Claim Count for 1st Physician (Outpatient - Institutional) Q1 2020 Report Date: 24-Jun-2020 THCIC ID:

Name	License Number	Count
Fake, Doctor 1	111111111	98
Fake, Doctor 2	1111111112	121
Fake, Doctor 3	111111113	1
Fake, Doctor 4	1111111114	97
Fake, Doctor 5	1111111115	120
Fake, Doctor 6	1111111116	113
Fake, Doctor 7	1111111117	122
Total Claim Count		672

Claim Count for First Physician

Reports CII Claim Count for 2nd Physician



Home Claims Claim Correction Reports	Data Mgmt	Certification	Batches	Help	system13		
THCIC Support Center			THCIC		User Management My Account Logout		
CERTIFICATION Back to Certification Set List							
Reports 2020 1st Quarter Outpatient	Certifica 2020 1st Quart	ation er Outpatient 3	Events				
C01: Certification Summary C04: Top 30 Principal Diagnoses C08: Patients by Physician 1 C09: Patients by Physician 2 C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician C12: Certification Error Type List C12: Certification Error Type List C12: Certification Error Type List C13: Certification Error Type List C14: Claim Count for 2nd Physician C15: Certification Error Type List C15: Certificatio							
Processing Reports	Comment	s					
Certification Data File REQUEST CERT. DATA FILE							
	You may call the h	elp desk and arran		te and correct	your facility's data, if needed.		

Reports CII Claim Count for 2nd Physician



THCIC Report C11: Claim Count for 2nd Physician (Outpatient - Institutional) Q1 2020 Report Date: 24-Jun-2020 THCIC ID:

Name	License Number	Count
Fake, Doctor 8	0111111108	98
Fake, Doctor 9	0111111109	121
Fake, Doctor 10	0111111110	1
Fake, Doctor 11	0111111111	97
Fake, Doctor 12	0111111112	120
Fake, Doctor 13	0111111113	113
Fake, Doctor 14	0111111114	122
Total Claim Count		672

Claim Count for Second Physician

Reports CI2 Certification Error Type List



Home Claims Claim Correction Repor	ts Data Mgmt Cer	tification Batches I	Help System13		
THCIC Support Center		THCIC	User Management My Account Logout		
CERTIFICATION Back to Certification Set List					
Reports 2020 1st Quarter Outpatient	Certificatio				
C01: Certification Summary C04: Top 30 Principal Diagnoses C08: Patients by Physician 1 C09: Patients by Physician 2 C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician C12: Certification Error Type List	2020 1st Quarter Outpatient 3 Events Certifer Name Tiffany Overton Vou may certify your data with or without comments. If your data contains errors or you elect not to certify, you must provide an explanation using the comments area. To maintain confidentiality, comments must not divulge protected health information (PHI), such as the identity of patients or physicians. All comments will be released with the certified data.				
Processing Reports	Comments				
Certification Data File REQUEST CERT. DATA FILE					
	You may call the help de		on to certify Certify		





THCIC Report C12: Certification Error Type List (Outpatient - Institutional) Q1 2020 Report Date: 24-Jun-2020 THCIC ID:

There are no errors for the specified events.



Processing Reports

Home Claims Claim Correction Report	s Data Mgmt Certification	Batches Help	system13		
THCIC Support Center		тнсіс	User Management My Account Logout		
CERTIFICATION A Back to Certification Set List					
Reports	Certification				
2020 1st Quarter Outpatient	2020 1st Quarter Outpatient 3	Events			
C01: Certification Summary C04: Top 30 Principal Diagnoses C08: Patients by Physician 1 C09: Patients by Physician 2 C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician C12: Certification Error Type List C12:					
Processing Reports	Comments				
Certification Data File REQUEST CERT. DATA FILE	You may call the help desk and arran	ge to regenerate and corr			

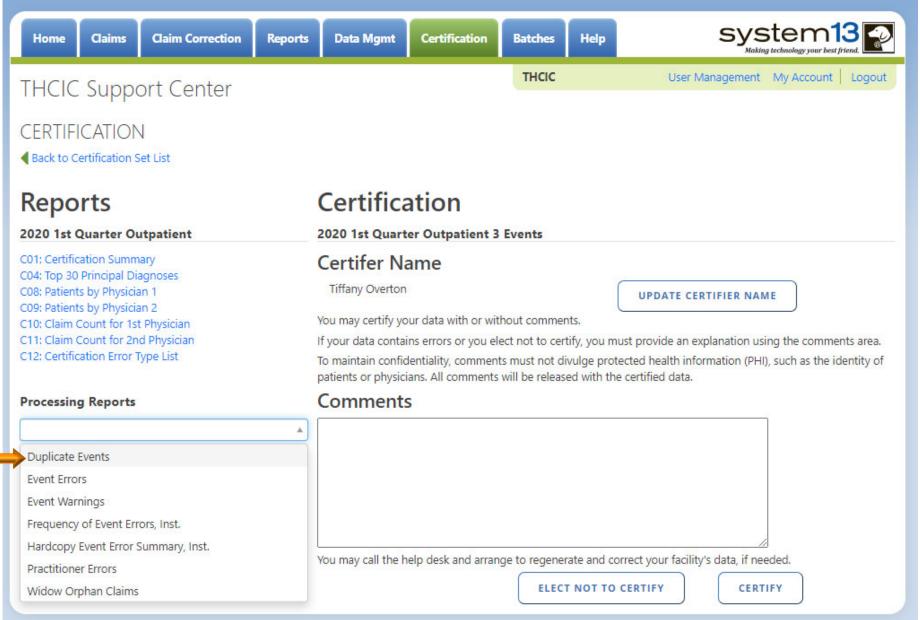
Processing Reports



Home Claims Claim Correction	Reports	Data Mgmt	Certification	Batches H	lelp system13
THCIC Support Center				THCIC	User Management My Account Logout
CERTIFICATION					
Back to Certification Set List					
Reports	C	ertifica	ation		
2020 1st Quarter Outpatient	20	20 1st Quart	er Outpatient 3	Events	
C01: Certification Summary	C	ertifer N	ame		
C04: Top 30 Principal Diagnoses C08: Patients by Physician 1	1	Tiffany Overton	ſ		UPDATE CERTIFIER NAME
C09: Patients by Physician 2 C10: Claim Count for 1st Physician	You	u may certify vo	our data with or wit	hout comments.	
C11: Claim Count for 2nd Physician					you must provide an explanation using the comments area.
C12: Certification Error Type List					e protected health information (PHI), such as the identity of ith the certified data.
Processing Reports	C	omment	s		
Duplicate Events					
Event Errors					
Event Warnings					
Frequency of Event Errors, Inst.					
Hardcopy Event Error Summary, Inst.	You	u may call the h	elp desk and arran	ge to regenerate a	and correct your facility's data, if needed.
Practitioner Errors	1000			ELECT NO	
Widow Orphan Claims	oo (if vo	u baya r	rofession		stitutional claims) or
	· -	-			· · ·
			• /	•	sing result reports
describ	e the re	esults of	the event	: build pro	ocess. 65

Processing Reports Duplicate Events







Processing Reports Duplicate Events

Texas Health Care Information Collection Duplicate Events Summary Report - Outpatient Date: Date Report Ran

THCIC: 000005 System13

THCIC# 000002 System13 QA 2

E								STMT	STMT
R	ENCOUNTER	LAST NAME		BIRTH	PATIENT	MEDICAL	ADMIT	FROM	THRU
R	ID	8	SSAN	DATE	CONTROL NUMBER	RECORD NUMBER	DATE	DATE	DATE
	1 I.	FIRST INITIAL	1.1	1.1	1	I I	YYYYMMDD	YYYYMMDD	YYYYMMDD

NO DUPLICATE or CROSS-OVER ENCOUNTERS DETECTED.

The "Duplicate Report" will list duplicate event errors that have occurred. If a facility has duplicate event errors, these errors should be corrected. The facility will have to contact System 13 to make these changes.

Processing Reports Event Errors



Home Claims Claim Correction Rep	orts Data Mgmt	Certification	Batches Help	system13			
THCIC Support Center			THCIC	User Management My Account Logout			
CERTIFICATION A Back to Certification Set List							
Reports	Certifica	ation					
2020 1st Quarter Outpatient	2020 1st Quart	er Outpatient 3 I	Events				
C01: Certification Summary C04: Top 30 Principal Diagnoses C08: Patients by Physician 1 C09: Patients by Physician 2 C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician C12: Certification Error Type List	Tiffany Overton You may certify yo If your data contai To maintain confic	Certifer Name Tiffany Overton You may certify your data with or without comments. If your data contains errors or you elect not to certify, you must provide an explanation using the comments area. To maintain confidentiality, comments must not divulge protected health information (PHI), such as the identity of patients or physicians. All comments will be released with the certified data.					
Processing Reports	Comment	S					
Duplicate Events							
Event Warnings Frequency of Event Errors, Inst. Hardcopy Event Error Summary, Inst. Practitioner Errors Widow Orphan Claims	You may call the h	elp desk and arrang	e to regenerate and	correct your facility's data, if needed.			

Processing Reports Event Errors

Texas Health Care Information Collection Encounter Edit Report System13

THCIC: 000005

Date: Date Report Ran

Date: 06/11/10

Encounter Edit Report System13 QA 2

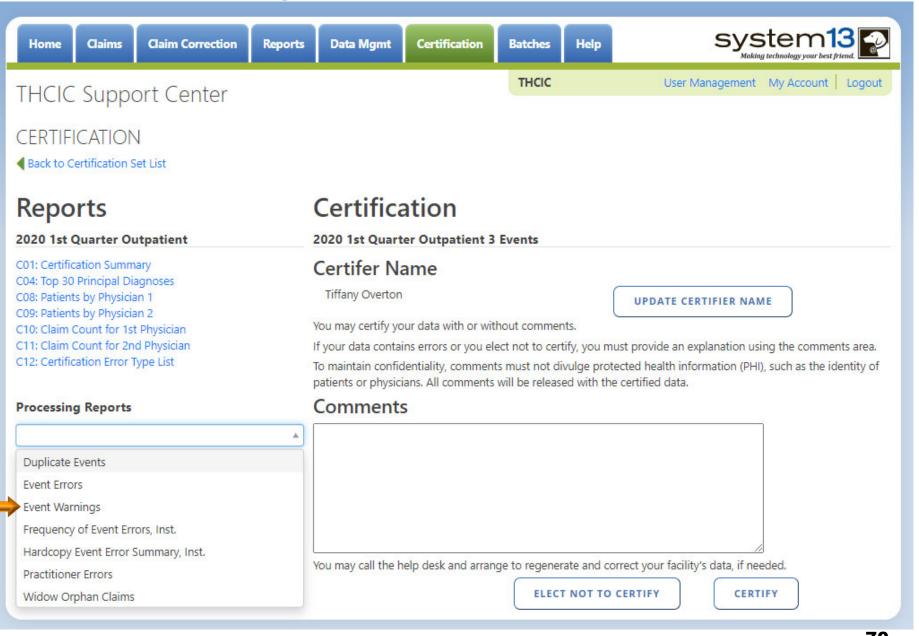
THCIC:000002

MedRec#	PatCtrl#	SSN#	Admission	ErrCode
12345678A	L131	444024323	20090730	813
	L131	444024323	20090730	813

The "Event Edit Report" lists errors that prevented events from being built. Events were <u>NOT</u> created for these events, and errors on this report should be corrected.

Processing Reports Event Warnings





Processing Reports Event Warnings



Texas Health Care Information Collection

Encounter Warning Summary Report For (Quarter Year) Data System13 Provider 000005

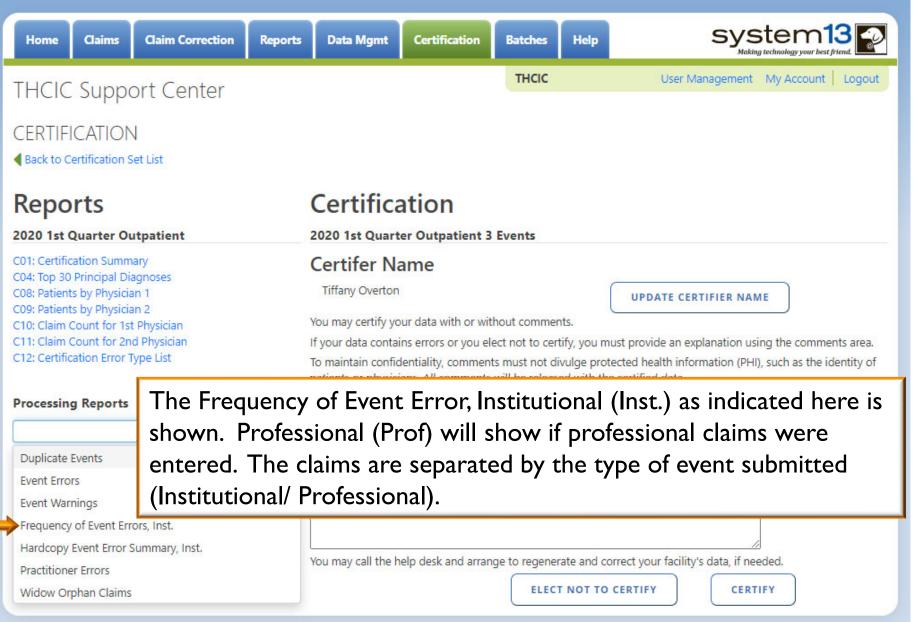
The following encounters were flagged with warnings during the process of building the encounter. Encounter # Med Rec No. Pat Cntrl No. Patient Name

Admit Date Warning Code(s)

No Encounter warnings flagged for this provider

Events listed on the "Event Warnings" report may be in error and if it is in error it should be corrected.

Processing Reports - Frequency of Event Errors, Institutional /Professional



Processing Reports - Frequency of Event Errors, Institutional /Professional

Frequency of Errors Report ((Outpatient-Institutional) Date: Date Report Ran

THCIC: 000005

System13

A frequency of event error report that will provide the facility information regarding the number of events received, month received and the bill type.

Batch Information

Field	Value
Claims Period	01/01/2014 thru 12/31/2016
Service Period	01/02/2015 thru 01/05/2015
Claims Received	2,452
Claims Rejected	0
Claims Processed	2,452
Emergency Department Claims	359
Claims In Error w/o Race + Ethnicity Errors	1
Claims In Error	1
Fields In Error	4
Accuracy Rate w/o Race + Ethnicity Errors	97.40%
Accuracy Rate	97.40%

Claims By Month						
	2014	2015	2016			
Jan	0	2,002	0			
Feb	0	450	0			
Mar	0	0	0			
Apr	0	0	0			
Мау	0	0	0			
Jun	0	0	0			
Jul	0	0	0			
Aug	0	0	0			
Sep	0	0	0			
Oct	0	0	0			
Nov	0	0	0			
Dec	0	0	0			

Claims By Bill Type					
Bill Type	Count				
xx0	0				
xx1	2,452				
xx2	0				
xx3	0				
xx4	0				
xx5	οI				
xx6	0				
xx7	0				
xx8	0				
xx?	0				

Processing Reports - Frequency of Event Errors, Institutional /Professional

Frequency of Errors Report ((Outpatient-Institutional) Date: Date Report Ran

THCIC: 000005

System13

Field	Valid	Blank/Zero	Failed / Invalid	Passed
Patient control number	121	0	0	100.0%
Patient sex	121	0	0	100.0%
Patient birth date	121	0	0	100.0%
Statement from date	121	0	0	100.0%
Statement thru date	121	0	0	100.0%
Medical record number	121	0	0	100.0%
Total claim charges	121	0	0	100.0%
Facility type	121	0	0	100.0%
Claim frequency type	121	0	0	100.0%
Patient Last Name	121	0	0	100.0%
Patient First Name	121	0	0	100.0%
SSN	121	0	0	100.0%
Patient race	121	0	0	100.0%
Patient ethnicity	121	0	0	100.0%
Address line 1	121	0	0	100.0%
Patient city	121	0	0	100.0%
State of residence	121	0	0	100.0%
Zip code	121	0	0	100.0%
Patient country	42	79	0	100.0%

Errors By Field

Claim Accuracy Rate: 83.47%

The facility error listing will be two pages (Pages 2 & 3). It is a complete listing of all the errors by field.

Processing Reports - Frequency of Event Errors, Institutional /Professional

Frequency of Errors Report ((Outpatient-Institutional) Date: Date Report Ran

THCIC: 000005

Count

F-697

E-735

6

17

29

System13

Missing Claim Filing Indicator Code for Subscriber

The 837 format utilizes 'Qualifier' codes to identify or characterize various health information data elements. Invalid or missing Qualifier codes may cause data to be omitted from a claim or result in improper placement of the data.

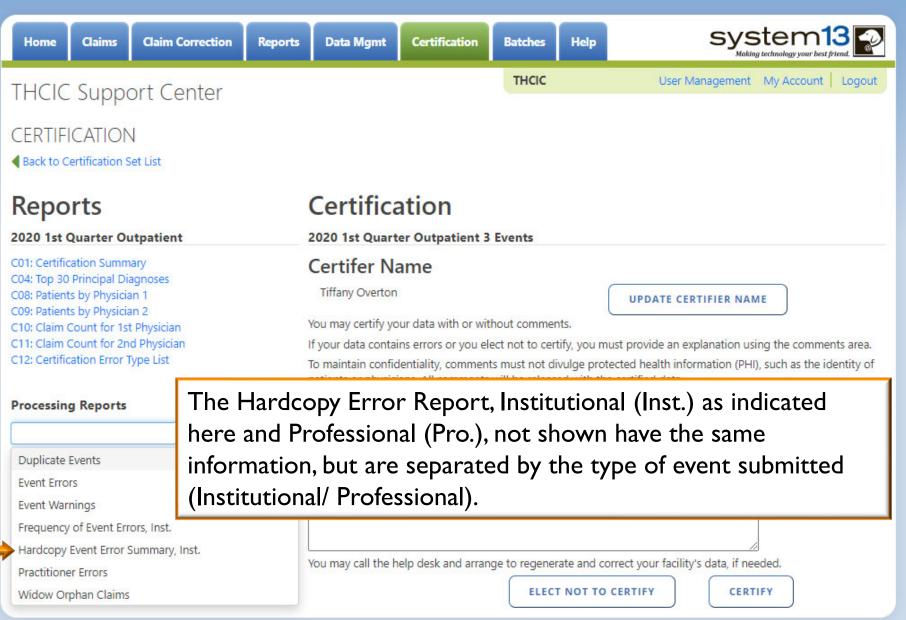
Error Code	Error Message				
W-696	Invalid Operating Practitioner Name Match				

Invalid Procedure Date

Error	Summary
-------	---------

Page 4 (or it may be more pages depending on how many errors their claim events have) will be a complete listing of the error count(s), error code(s) and error message(s).

Processing Reports - Hardcopy Error Report, Institutional /Professional



Processing Reports - Hardcopy Error Report, Institutional /Professional

Hardcopy Claims Error Summary Report (Outpatient-Professional) Date: Date Report Ran

THCIC: 000005

System13

Med. Rec. #	PCN	Service	Rec. #	Field	Value of field	Err#	EW
M735942562	193227481	20100203		Claim Filing Indicator code		697	Error
M035692904986	1125429652	20100204		Operating practitioner ID	1245284801	696	Warning
M2392108941	1413739086	20100204		Claim Filing Indicator code		697	Error
M917724874	1598668	20100204		Procedure Date		735	Error
				Procedure Date		735	Error
M87029512928	12684278	20100209		Claim Filing Indicator code		697	Error
M96352916	1424987174	20100209		Operating practitioner ID	1245284801	696	Warning
M88997142	1434919505	20100210		Operating practitioner ID	1245284801	696	Warning
M60249996200	1684664570	20100211		Claim Filing Indicator code		697	Error
				Operating practitioner ID	1245284801	696	Warning
M1017122073	10937714	20100211		Claim Filing Indicator code		697	Error
M3506582068	1851381	20100211		Claim Filing Indicator code		697	Error
M14707575	11426741	20100216		Claim Filing Indicator code		697	Error
M1913489390	10614083	20100217		Claim Filing Indicator code		697	Error
M0368784240	1043789	20100218		Operating practitioner ID	1659496180	696	Warning
M368672022574	1774987857	20100218		Procedure Date		735	Error
				Procedure Date		735	Error
				Procedure Date		735	Error

Hardcopy error summary report shows every error and warning on each event. Report is run separately for institutional and professional events.

Error List

Texas Department of State Health Services

Processing Reports Practitioner Errors



Home Claims Claim Correction Repor	ts Data Mgmt	Certification	Batches Hel	system13
THCIC Support Center			тнсіс	User Management My Account Logout
CERTIFICATION Back to Certification Set List				
Reports	Certifica	tion		
2020 1st Quarter Outpatient	2020 1st Quarter	r Outpatient 3	Events	
C01: Certification Summary C04: Top 30 Principal Diagnoses C08: Patients by Physician 1 C09: Patients by Physician 2 C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician C12: Certification Error Type List	-	r data with or with s errors or you ele ntiality, comment:	ect not to certify, you s must not divulge p	UPDATE CERTIFIER NAME u must provide an explanation using the comments area. protected health information (PHI), such as the identity of a the certified data.
Processing Reports	Comments			
Duplicate Events				
Event Errors				
Event Warnings				
Frequency of Event Errors, Inst.				
Hardcopy Event Error Summary, Inst.	You may call the hel	p desk and arrang	ge to regenerate and	d correct your facility's data, if needed.
Widow Orphan Claims			ELECT NOT	TO CERTIFY CERTIFY



Processing Reports Practitioner Errors

L

Texas Health Care Information Collection Unidentified Physician ID Summary Report System13 Date: Date Report Ran

THCIC: 000005

System13

There are NO Unidentified Attending or Operating Practitioners for this Provider.

"Practitioner Error" report lists unidentified attending or operating practitioners.

Processing Reports Widow Orphan Claims



Home Claims Claim Correction Repo	orts Data Mgmt	Certification	Batches He	Ip System13
THCIC Support Center			тнсіс	User Management My Account Logout
CERTIFICATION Back to Certification Set List				
Reports	Certifica	ation		
2020 1st Quarter Outpatient	2020 1st Quart	ter Outpatient 3	Events	
C01: Certification Summary C04: Top 30 Principal Diagnoses C08: Patients by Physician 1 C09: Patients by Physician 2 C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician C12: Certification Error Type List	If your data conta To maintain confi	our data with or with ins errors or you ele dentiality, comment	ect not to certify, ye s must not divulge	UPDATE CERTIFIER NAME ou must provide an explanation using the comments area. protected health information (PHI), such as the identity of th the certified data.
Processing Reports	Comment	S		
Duplicate Events				
Event Errors				
Event Warnings				
Frequency of Event Errors, Inst.				
Hardcopy Event Error Summary, Inst. Practitioner Errors	You may call the l	nelp desk and arran	ge to regenerate a	nd correct your facility's data, if needed.
Widow Orphan Claims			ELECT NOT	TO CERTIFY CERTIFY



Processing Reports Widow Orphan Claims

Texas Health Care Information Collection Incomplete Events and Deleted Claims Report System13

THCIC: 000005

Date: Date Report Ran

The claims listed below were not included in an encounter because one or more claims necessary to complete the encounter was not present or the claims were marked for deletion by submission of an void claim (xx8). The reason for claims not being included in the encounter are that there is no discharge claim.

A message code is listed beside each claim indicating the reason that the encounter was not completed. Actions to be taken regarding these messages: If the patient was not discharged during the quarter, then nothing needs to be done. If the patient was discharged during the quarter, please ensure that the missing information is supplied. Contact the THCIC Help Desk if assistance is required in making the correction.

Void/cancel claims (xx8) will be listed after the claim that has been deleted. There will be no error code associated with these claims. These claims are listed for informational purposes only.

MedRec#	PatCtrl#	SSN#				BillType	ErrCode	InfCode
12345678B	C131ANDC138				20091030	138		
	C131ANDC138	444024321	20091030	20091030	20091030	131		
	C131ANDC138	444024321	20091030	20091030	20091030	131		
	C131ANDC138	444024321	20091030	20091030	20091030	138		
	C241ANDC248	444024321		20091030	20091030	248		
	C241ANDC248	444024321		20091030	20091030	241		
	C241ANDC248	444024321		20091030	20091030	241		
	C241ANDC248	444024321		20091030	20091030	248		
12345678A	L130L138L130	444024323	20090730	20090730	20090730	138		
	L130L138L130	444024323	20090730	20090730	20090730	130		
	L131ANDL137	444024328	20090730	20090730	20090730	137		814
12345678F	L138	444024333	20090730	20090730	20090730	138		814
12345678A	L240L248L241	444024323		20091030	20091030	248		
	L240L248L241	444024323		20091030	20091030	240		
12345678E	L241ANDL248	444024333		20090730	20090730	248		
	L241ANDL248	444024333		20090730	20090730	241		
	L241ANDL248	444024333		20090730	20090730	241		
	L241ANDL248	444024333		20090730	20090730	248		
12345678F	L248	444024333		20090730	20090730	248		814
12345678A	UPLOADEDL137COR	444024330	20090730	20090730	20090730	137		814
	UPLOADEDL247COR	444024330		20090730	20090730	247		814
			Page 1					

Events on the "Incomplete Event and Deleted Claims Report" are either a voided event (xx8) or incomplete event - admission event (xx2) with no discharge event.



Home Claims Claim Correction	Reports	Data Mgmt	Certification	Batches Helj	system13
THCIC Support Center				тнсіс	User Management My Account Log
CERTIFICATION Back to Certification Set List					
Reports		Certific	ation		
2020 1st Quarter Outpatient		2020 1st Quart	ter Outpatient 3	Events	
C01: Certification Summary C04: Top 30 Principal Diagnoses C08: Patients by Physician 1 C09: Patients by Physician 2 C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician C12: Certification Error Type List		If your data conta To maintain confi	n our data with or wit iins errors or you el dentiality, commen	ect not to certify, you	UPDATE CERTIFIER NAME u must provide an explanation using the comments are protected health information (PHI), such as the identity the certified data.
Processing Reports Certification Data File REQUEST CERT. DATA FILE	•	Comment		This capabi	lity will allow a facility to
r c	equest ertificat ong as t	the creatic tion data fo he quarter	on of a dow or a given q	nloadable fil uarter. This ion data is a	e containing the quarterly file will be available as ccessible for viewing via



<u>Certification File Download</u> is the capability for facilities to request the creation of a downloadable file containing the quarterly certification data for a given quarter as long as the quarter's certification data is accessible for viewing via the system's certification page.

The file will be in a fixed length format and the data layout will be downloaded with the file. This will allow a facility to analyze the data with software analysis tools of the facilities choice.

BE AWARE that once this file has been requested, it should be available within 24 hours. An e-mail will be sent to the provider primary contact/data administrator on file when this data is available for download. Please be advised, **ANYONE** with access as a facility administrator or a certifier specification can initiate the certification file download and not just the provider primary contact/data administrator for the facility.

The file will be available for downloading for 30 days. The download file will be removed from the system after 30 days from the date of the download file creation.

There will be a fee if a facility requests this file again after the 30 day review period. If a facility would like another creation of this file, there will be a fee accessed through System 13. It is important that the file is downloaded within 30 days of requesting its creation to avoid any fees.

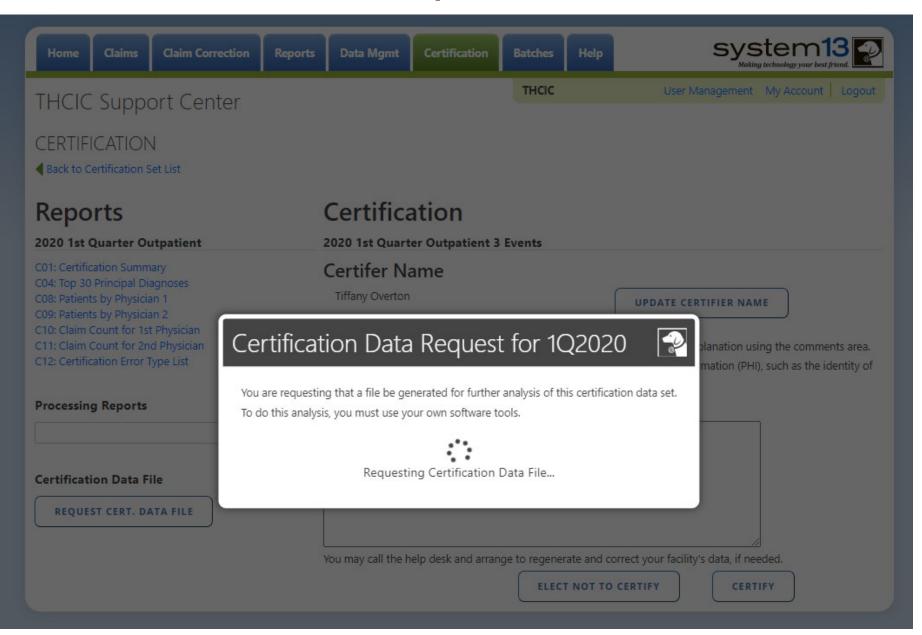


Home Claims Claim Correction Reports	Data Mgmt Certification	Batches Help	system13
THCIC Support Center		тнсіс	User Management My Account Logout
CERTIFICATION Back to Certification Set List			
Reports 2020 1st Quarter Outpatient	Certification	3 Events	
C01: Certification Summary C04: Top 30 Principal Diagnoses C08: Patients by Physician 1 C09: Patients by Physician 2 C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician C12: Certification Error Type List		lect not to certify, you must nts must not divulge protect	UPDATE CERTIFIER NAME provide an explanation using the comments area. ed health information (PHI), such as the identity of rtified data.
Processing Reports	Comments		
a do leng dow	th format. The data lay	rs encounter files yout will be dow cility to analyze	EQUEST CERT. DATA FILE to get s. The file will be in a fixed inloaded with the file. This the data with software



Home Gaims Gaim Corr	ection Reports Data Mgmt Certification	Batches Help	system13
THCIC Support Cen	ter	тнсіс	User Management My Account Logout
CERTIFICATION Back to Certification Set List			
Reports	Certification		
2020 1st Quarter Outpatient	2020 1st Quarter Outpatient	t 3 Events	
C01: Certification Summary C04: Top 30 Principal Diagnoses C08: Patients by Physician 1 C09: Patients by Physician 2	Certifer Name Tiffany Overton		UPDATE CERTIFIER NAME
C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician C12: Certification Error Type List	Certification Data Reque	st for 1Q2020	O Janation using the comments area. mation (PHI), such as the identity of
Processing Reports	You are requesting that a file be generated for furth To do this analysis, you must use your own software		ion data set.
Certification Data File	CONTINUE	CANCEL	
REQUEST CERT. DATA FILE			h
	You may call the help desk and arr	ange to regenerate and co	rrect your facility's data, if needed.
		ELECT NOT TO	CERTIFY







Home Claims Claim Correction Reports	Data Mgmt Certification	Batches Help	system13
THCIC Support Center		тнсіс	User Management My Account Logout
CERTIFICATION Back to Certification Set List			
Reports 2020 1st Quarter Outpatient C01: Certification Summary C04: Top 30 Principal Diagnoses C08: Patients by Physician 1 C09: Patients by Physician 2	Certification 2020 1st Quarter Outpatient 3 Certifer Name Tiffany Overton	Events	UPDATE CERTIFIER NAME
C10: Claim Count for 1st Pr	D_+_ D + f 1	0	
Processing Reports Your request has been sul	Data Request for 1 omitted. Please check back in 24 hours. vailability of the certification data file w		sing the comments area. I), such as the identity of ry contact of this facility.



Texas Department of State Health Services

THCIC	User Management My Account Logou
ertification	
20 1st Quarter Outpatient 3 Events	
ertifer Name iffany Overton may certify your data with or without comments. our data contains errors or you elect not to certify, you mu naintain confidentiality, comments must not divulge prote ents or physicians. All comments will be released with the	ected health information (PHI), such as the identity o
omments	
may call the help desk and arrange to regenerate and cor	
iff nie	0 1st Quarter Outpatient 3 Events rtifer Name ffany Overton may certify your data with or without comments. ur data contains errors or you elect not to certify, you mu naintain confidentiality, comments must not divulge prote ents or physicians. All comments will be released with the mments

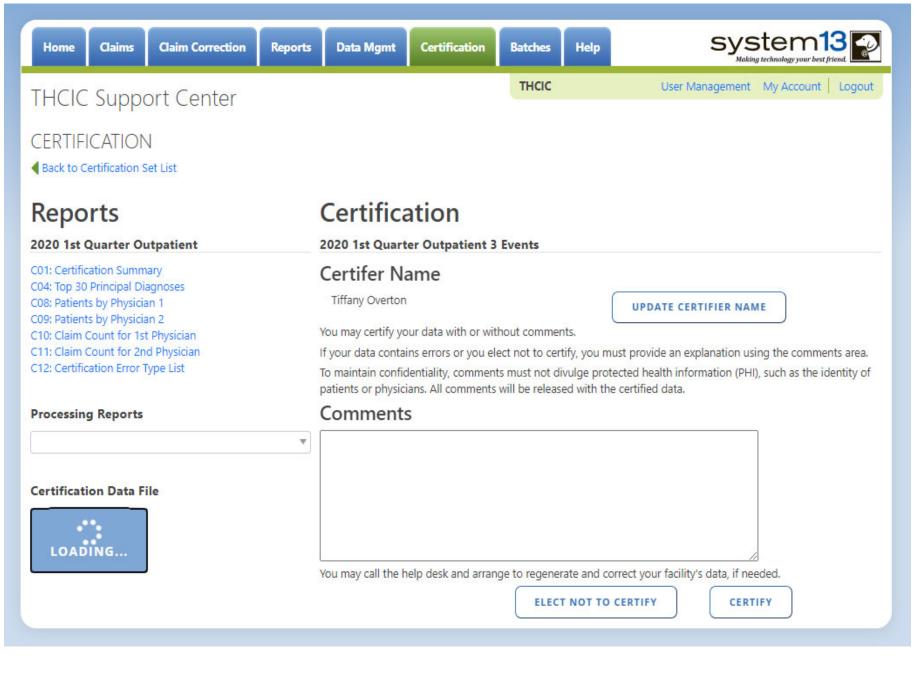


Home Claims Claim Correction	Reports	Data Mgmt	Certification	Batches Help	
THCIC Support Center				тнсіс	User Management My Account Logout
CERTIFICATION Back to Certification Set List					
Reports		Certific	ation		
2020 1st Quarter Outpatient		2020 1st Quar	ter Outpatient 3	Events	
C01: Certification Summary C04: Top 30 Principal Diagnoses C08: Patients by Physician 1 C09: Patients by Physician 2 C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician C12: Certification Error Type List		If your data conta To maintain confi	our data with or wit ins errors or you el dentiality, commen	ect not to certify, you m	UPDATE CERTIFIER NAME nust provide an explanation using the comments area. tected health information (PHI), such as the identity of e certified data.
Processing Reports		Comment	s		
Certification Data File RETRIEVE CERT. DATA FILE	whei whei	n the file is	ready to be ready for d		I show RETRIEVE CERT. DATA FILE A facility has 30 days from ownload the file without any



Home Claims Claim Correction	Reports	Data Mgmt	Certification	Batches Help	system13
THCIC Support Center				тнсіс	User Management My Account Logout
CERTIFICATION Back to Certification Set List					
Reports 2020 1st Quarter Outpatient		ertifica	ation ter Outpatient 3	Events	
C01: Certification Summary C04: Top 30 Principal Diagnoses C08: Patients by Physician 1 C09: Patients by Physician 2 C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician C12: Certification Error Type List	Yo If y To	our data conta maintain confid	our data with or wit ins errors or you el dentiality, commen	ect not to certify, you i	UPDATE CERTIFIER NAME must provide an explanation using the comments area. otected health information (PHI), such as the identity of the certified data.
Processing Reports	С	omment	s		
	•				
RETRIEVE CERT. DATA FILE	vhen file ne file is harges t	e is ready s ready fo peing occ	to be dow or downloa curred. Wh	nloaded. A fa d to downloa	RETRIEVE CERT. DATA FILE when the acility has 30 days from when ad the file without any retrieve cert. data file, the file le.





Certification File Download Zip File Download

Home C	aims Claim Correction Re	ports Data Mgmt Cer	rtification Batches Help	system13	2
THCIC Su	upport Center		тнсіс	User Management My Account Logou	J
CERTIFICA Back to Certifi					
Report	File Home Share Vi	Compressed Folder Tools iew Extract > Downloads > TH000029_1q20	TH000029_1q20_OUTPATIENT_DOWN.ZIP		
C01: Certification C04: Top 30 Prin C08: Patients by C09: Patients by C10: Claim Coun C11: Claim Coun C12: Certification Processing Re	 Documents Downloads Pictures Cert Documents THCIC WebPage 	# ^	Name Name Outpatient_Layout.csv TH000029_1q20_OUTPAT_ENC.TXT TH000029_1q20_OUTPAT_PRV.TXT TH000029_1q20_OUTPAT_REV.TXT	▼ Compressed size Microsoft Excel Comma S Text Document Text Document Text Document Text Document	Search TH000029_1q20_OUTP P Password Size 5 KB No 23 1 KB No 5 1 KB No 1 1 KB No 1
Certification I	Apple iPhone	Your file contain with your tools) within 30 days.A regeneration of Please Note: Th	is available for downloa After 30 days the file will the file. he record structure of th	of the following: ata (in a fixed length forma ading.You must download a be removed and there wi ne files has changed beginn ile. Please notify anyone us	the file to your computer Il be a fee charged for the ing with 4q15 data.The





The download zip file will consist of the following:

Your file containing the Certification Data (in a fixed length format – for saving/processing with your tools) is available for downloading. You must download the file to your computer within 30 days. After 30 days the file will be removed and there will be a fee charged for the regeneration of the file.

Please Note: The record structure of the files has changed beginning with 4q15 data. The record structure is located in the CSV file. Please notify anyone using this data of this change.

This will allow the facility to analyze the data with software analysis tools of the facilities choice.

<u>Please be advised</u> that once a facility requests this file, the file will be created and available for downloading for 30 days. The download file will be removed from the system after 30 days from the date of the download file creation.

There will be a fee for each additional time the file is created; therefore, download the file and save the file within 30 days of requesting its creation to avoid any fees.





Home Claims Claim Correction Re	ports Data Mgmt Certification	Batches Help	
THCIC Support Center		THCIC	User Management My Account Logout
CERTIFICATION Back to Certification Set List			
Reports 🛛	Certification		
2020 1st Quarter Outpatient	2020 1st Quarter Outpatien	t 3 Events	
C01: Certification Summary C04: Top 30 Principal Diagnoses C08: Patients by Physician 1 C09: Patients by Physician 2 C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician C12: Certification Error Type List		u elect not to certify, you m nents must not divulge prot	UPDATE CERTIFIER NAME ust provide an explanation using the comments area. rected health information (PHI), such as the identity of e certified data.
Processing Reports	Comments		
Certification Data File	You may call the help desk and an	range to regenerate and co	orrect your facility's data, if needed.



Certification



system13 Help Home Claims Claim Correction Reports Data Mgmt Certification Batches THCIC User Management My Account Logout THCIC Support Center CERTIFICATION Back to Certification Set List Certification Reports 2020 1st Quarter Outpatient 2020 1st Quarter Outpatient 3 Events C01: Certification Summary Certifer Name C04: Top 30 Principal Diagnoses Tiffany Overton C08: Patients by Physician 1 **UPDATE CERTIFIER NAME** C09: Patients by Physician 2 You may certify your data with or without comments. C10: Claim Count for 1st Physician If your data contains errors or you elect not to certify, you must provide an explanation using the comments area. C11: Claim Count for 2nd Physician C12: Certification Error Type List The name of the certifier of record will appear as provided to THCIC. If there is no certifier name, this must be updated before a **Processing Reports** facility can certify. If this certifier is no longer with the facility, the facility must update this information with THCIC by completing a Facility Information Request. Click update certifier name to be **Certification Data File** redirected to the THCIC form. **RETRIEVE CERT. DATA FILE** You may call the help desk and arrange to regenerate and correct your facility's data, if needed. **ELECT NOT TO CERTIFY** CERTIFY





						cyctom12		
Home Claims	Claim Correction	Reports	Data Mgmt	Certification	Batches Help	system13		
THCIC Support Center My Account Logout								
CERTIFICATION								
Reports	Reports Certification							
2020 1st Quarter O	utpatient		2020 1st Quart	ter Outpatient 3	Events			
C01: Certification Sum	nary		Certifer N	ame				
C If the "Certifier N Scan and email t Changes to the C business days. IF THE PERSON I		lease complet hcichelp@dsh through sever TIFIER NAME	is.texas.gov. al points of review	w for approval. If ap	proved, contact inform	Request Form. nation will generally be updated within two VITHOUT UPDATING THE NAME, THIS		
			You may call the h	ok nelp desk and arrang	ge to regenerate and o	correct your facility's data, if needed.		
		cility Info	• •	•		mation. Click THCIC cted to a form to fill		





Changes at the time of Certification

If a facility would like to make changes to their data at the time of certification, the facility will have to contact System I 3 at I-888-308-4953.

There may be a fee involved to make changes at the time of certification. These fees will be between the facility and System 13.







Certification Options

- Certified without comments. Certifies that the data is accurate "as is" and comments are not required to be attached with the release of the data.
- Certified with comments. Certifies the data is accurate "as is" with comments attached with the release of the data.



DO NOT SEND COMMENTS ON PAPER, FAX OR E-MAIL. THCIC CANNOT RETYPE FACILITY COMMENTS. PLEASE TYPE FACILITY COMMENTS IN THE COMMENT ON THE CERTIFICATION PAGE.

Elects not to certify*. Unable to complete the certification process due to circumstances outside of the facility's control or facility refuses to certify the data.

*Note: Electing not to certify does not prevent the data from being placed in the Public Use Data File (PUDF).



New Certification Feature

Home	Claims	Claim Correction	Reports	Data Mgmt	Certification	Batches	Help	system13	
THCIC Support Center My Account Logo									
CERTIFICATION A Back to Certification Set List									
Repo	rts		(Certifica	ation				
2021 3rd (C01: Cert	Quarter In tification	Sun Kevlew	' Certif	ication F	Reports				
C03: Top 30	102: Top 30 HCFA Diagnosis F 103: Top 30 APR Diagnosis Re You must download and review the "C01: Certification Summary" report before you can complete certification.								
C05: Top 30 C06: HCFA E C07: DRG M	Principal Pro Diagnosis Re	lated			ОК			l), such as the identity of	
C08: Patient	s by Attendi	ng Practitioner	ŀ	ouches of physic	iona, Ali commenta	MIII DE ISISGO	co min ni	e ceruneo uala.	
C10: Claim C	Count for 1st	Physician	2 10	Comment		1 O F			
C11: Claim C C12: Certific				rnese are my 202	1 3rd Quarter Inpa	atient o Encour	nters com	ments.	
Processing	g Reports								
Hardcopy	Encounter E	rror Summary	x v						
Certificatio			L	ou may call the h	elp desk and arrar	nge to regener	ate and c	orrect your facility's data, if needed.	
REGENERAT	E CERT. DAT/	VEILE				ELECT	т нот то	CERTIFY	

****PLEASE NOTE:** Before a facility can certify or elect not to certify, you are required to download the report C01: Certification Summary.

Certification

2020 1st Quarter Outpatient 3 Events

Certifer Name

Tiffany Overton

UPDATE CERTIFIER NAME

TEXAS

Health and Human

Texas Department of State

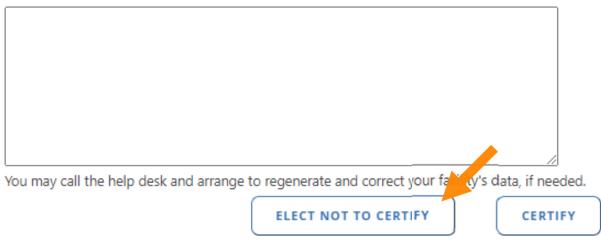
Health Services

You may certify your data with or without comments.

If your data contains errors or you elect not to certify, you must provide an explanation using the comments area.

To maintain confidentiality, comments must not divulge protected health information (PHI), such as the identity of patients or physicians. All comments will be released with the certified data.

Comments



A facility can elect not to certify if a facility is unable to complete the certification process due to circumstances outside of the facility's control or facility refuses to certify the data. Please be advised electing not to certify does not prevent the data from being placed in the Public Use Data File (PUDF). Please do not include PHI/PPI information.

system13 THCIC **THCIC Support Center** CERTIFICATION Back to Certification Set List Certification Reports 2020 1st Quarter Outpatient 2020 1st Quarter Outpatient 3 Events Certifer Name Tiffany Overton UPDATE CERTIFIER NAME Elect Not to Certify Error -2 explanation using the comments area. formation (PHI), such as the identity of If you elect not to certify, you need to state the reasons using the comments area. **Processing Reports** OK **Certification Data File RETRIEVE CERT. DATA FILE** Comments are required when electing not to certify.

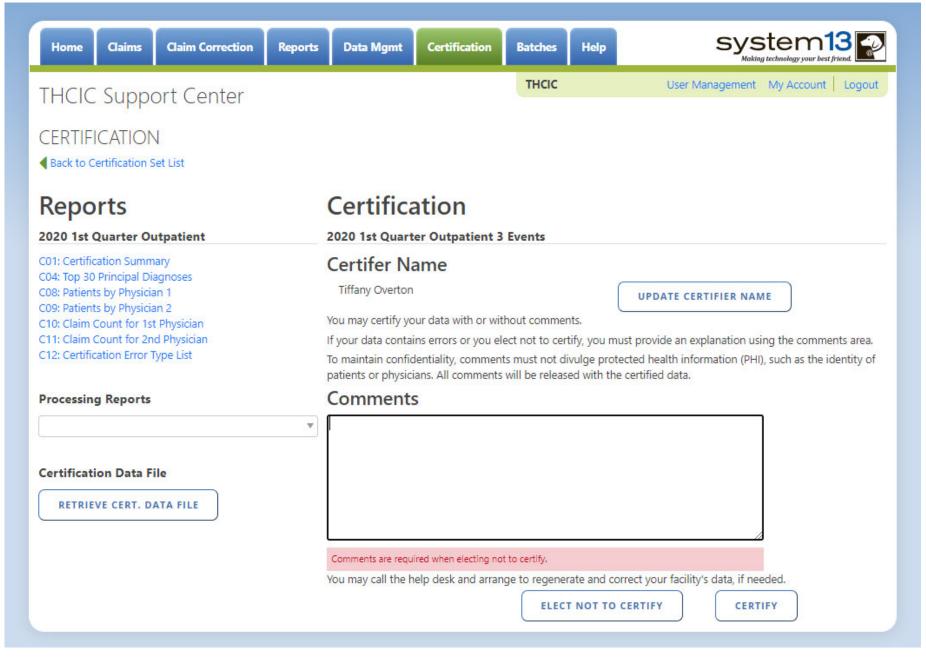
Please note: If you elect not to certify, you must provide a statement as to why you are electing not to certify this data. You may call the help desk and arrange to regenerate and correct your facility's data, if needed. Please do not include PHI/PPI information.

You may call the help desk and arrange to regenerate and correct your facility's data, if needed.

TEXAS

Texas Department of State

Health Services



TEXAS

Health and Human

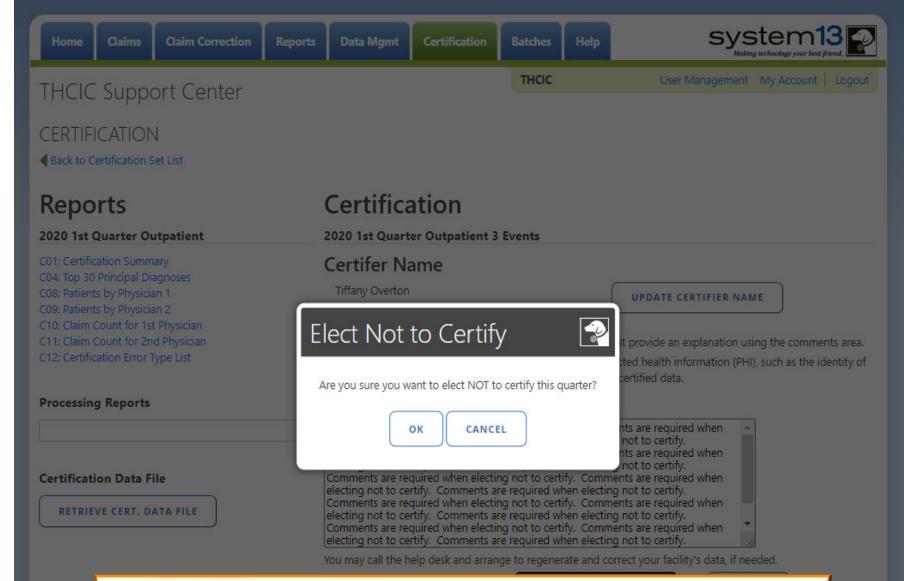
Texas Department of State

Health Services

Texas Department of State Health Services

TEXAS

Health and Human



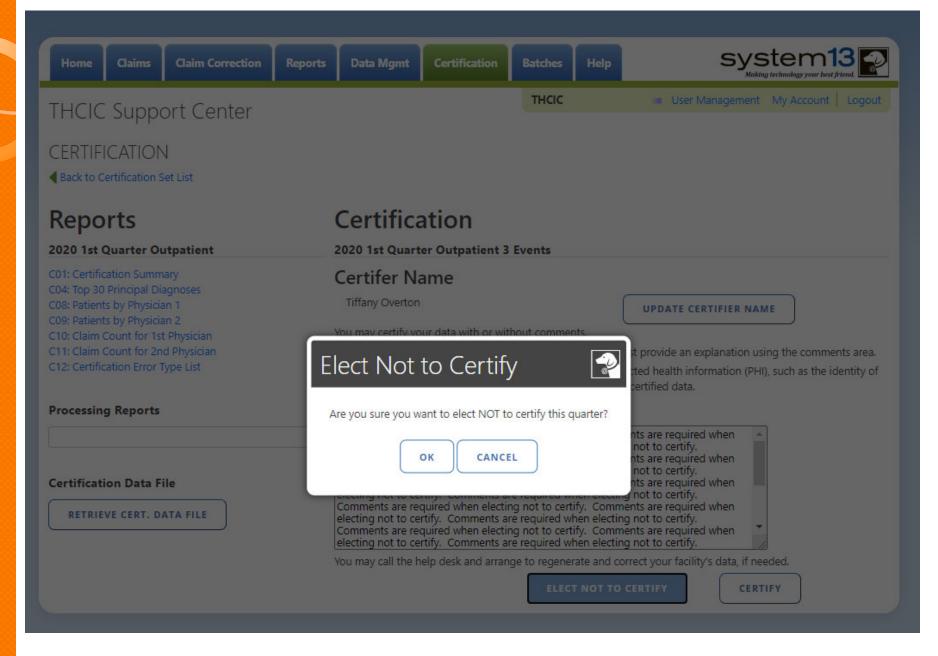
When a facility elects not to certify, a statement must be entered into the comment section stating the reason for not certifying the data. ****Elect not to certify is not a valid statement. To maintain confidentiality, comments must not disclose the identity of patients or physicians.** Please do not include PHI/PPI information. After the comments are entered, click elect not to certify again.

Texas Department of State Health Services

TEXAS

Services

Health and Human



system13 Claims **Claim Correction** Help Reports Data Mgmt Certification Batches THCIC User Management My Account Logout THCIC Support Center CERTIFICATION Back to Certification Set List Reports Certification 2020 1st Quarter Outpatient 3 Events 2020 1st Quarter Outpatient C01: Certification Summary Certifer Name

Tiffany Overton

UPDATE CERTIFIER NAME

Comments

Comments are required when electing not to certify. Comments are required when electing not to certify.

You may call the help desk and arrange to regenerate and correct your facility's data, if needed.

Home

C04: Top 30 Principal Diagnoses C08: Patients by Physician 1 C09: Patients by Physician 2 C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician C12: Certification Error Type List

Processing Reports

Certification Data File

RETRIEVE CERT. DATA FILE

Texas Department of State **Health Services**

TEXAS

Confirmation - Elect Not to Certif

system Data Mgmt **Claim Correction** THCIC THCIC Support Center CERTIFICATION Back to Certification Set List Certification

Certification Confirmation

✓ You have elected not to certify the events for 2020 1st Quarter Outpatient

Certifer Name

Tiffany Overton

Reports

Comments

Comments are required when electing not to certify. Comments are required when electing not to certify.

OK

This is the confirmation page that the data has been elected not to certify. A confirmation email will also go to the certifier of record.





Confirmation - Elect Not to Certify Email Confirmation

Wed 6/17/2020 9:45 AM

DSHS - Center for Health Statistics <noreply@system13.com>

) THCIC Outpatient 1Q2020 Data Certification for 000029 [G1]

o 📀 Overton, Tiffany (DSHS)

🚹 We removed extra line breaks from this message.

WARNING: This email is from outside the HHS system. Do not click on links or attachments unless you expect them from the sender and know the content is safe.

Texas Health Care Information Collection THCIC

1Q2020 Certification of Data

Your facility, THCIC Id 000029, has completed the certification of their Outpatient 1Q2020 data and has elected "not to certify".

Thank you.

The certifier of record will get this email when the data has been elected not to certify.





Certification – Certify

Certification

2020 1st Quarter Outpatient 3 Events

Certifer Name

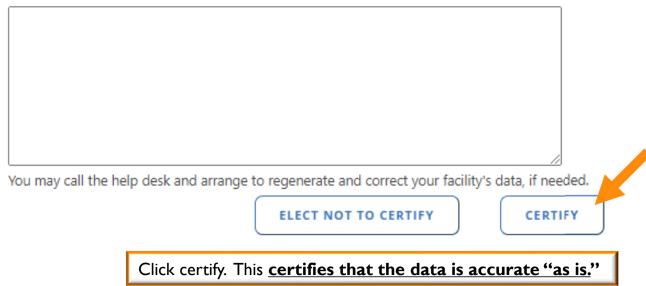
Tiffany Overton

UPDATE CERTIFIER NAME

You may certify your data with or without comments.

If your data contains errors or you elect not to certify, you must provide an explanation using the comments area. To maintain confidentiality, comments must not divulge protected health information (PHI), such as the identity of patients or physicians. All comments will be released with the certified data.

Comments





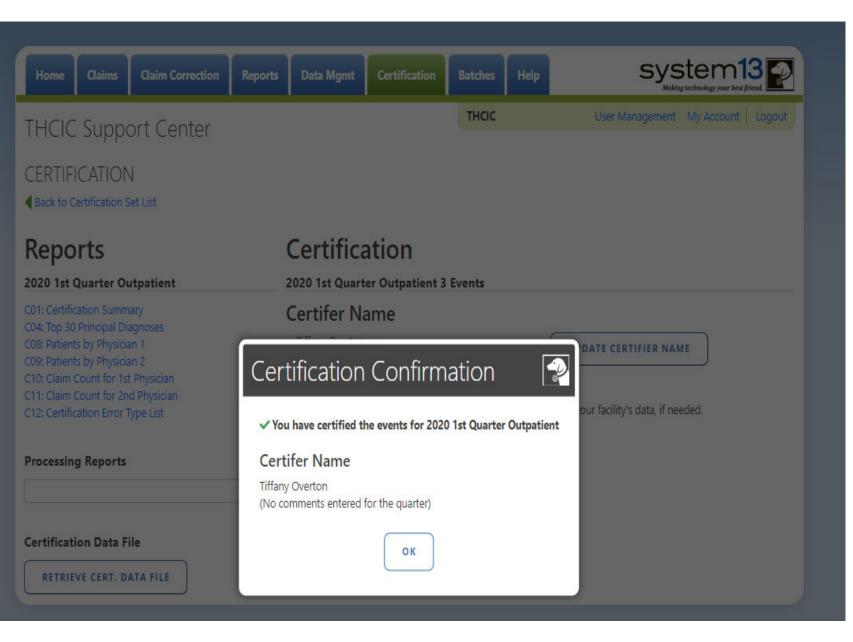
Certification - Certify



Home Claims Claim Correction Report	s Data Mgmt Certification	Batches Help	system13
THCIC Support Center		тнсіс	User Management My Account Logout
CERTIFICATION A Back to Certification Set List			
Reports	Certification		
2020 1st Quarter Outpatient	2020 1st Quarter Outpatient 3	Events	
C01: Certification Summary C04: Top 30 Principal Diagnoses C08: Patients by Physician 1 C09: Patients by Physician 2 C10: Claim Count for 1st Physician C11: Claim Count for 2nd Physician C12: Certification Error Type List	Certifer Name Tiffany Overton You If yo To m patie Are you sure you want to cert	ulge prot	UPDATE CERTIFIER NAME ust provide an explanation using the comments area. ected health information (PHI), such as the identity of e certified data.
Processing Reports	Со ок сансе	L	
Certification Data File			
RETRIEVE CERT. DATA FILE			/
	You may call the help desk and arrang	ge to regenerate and co	

Certification - Certify





Confirmation - Certify Email Confirmation

Wed 6/17/2020 9:46 AM

DSHS - Center for Health Statistics <noreply@system13.com>

THCIC Outpatient 1Q2020 Data Certification for 000029 [G1]

To 🛛 📀 Overton, Tiffany (DSHS)

f We removed extra line breaks from this message.

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Texas Health Care Information Collection THCIC

1Q2020 Certification of Data

Your facility, THCIC Id 000029, has completed the certification of their Outpatient 1Q2020 data.

Thank you.

The certifier of record will get this email when the data has been certified.



Certification

2020 1st Quarter Outpatient 3 Events

Certifer Name

Tiffany Overton

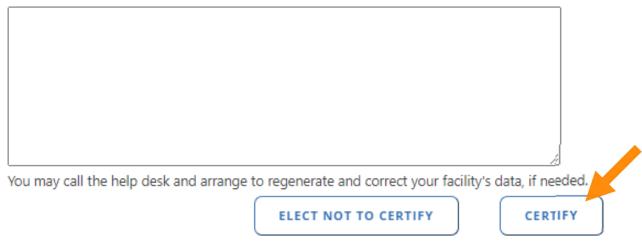
UPDATE CERTIFIER NAME

You may certify your data with or without comments.

If your data contains errors or you elect not to certify, you must provide an explanation using the comments area.

To maintain confidentiality, comments must not divulge protected health information (PHI), such as the identity of patients or physicians. All comments will be released with the certified data.

Comments



Please put comments in the comments field, if you are certifying your data is **accurate "as is."** and releasing comments with your data. Once you have entered your comments, click certify.





Certification

2020 1st Quarter Outpatient 3 Events

Certifer Name

Tiffany Overton

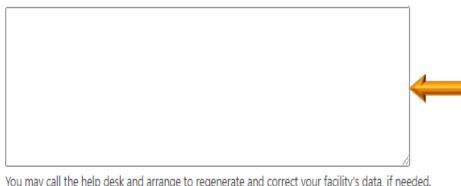
UPDATE CERTIFIER NAME

You may certify your data with or without comments.

If your data contains errors or you elect not to certify, you must provide an explanation using the comments area.

To maintain confidentiality, comments must not divulge protected health information (PHI), such as the identity of patients or physicians. All comments will be released with the certified data.

Comments



You may call the help desk and arrange to regenerate and correct your facility's data, if needed.

ELECT NOT TO CERTIFY

CERTIFY

Type in comments to be released with the facility's data, in this section. The comments can be typed in a word document (or other document), cut and pasted in the comment section.

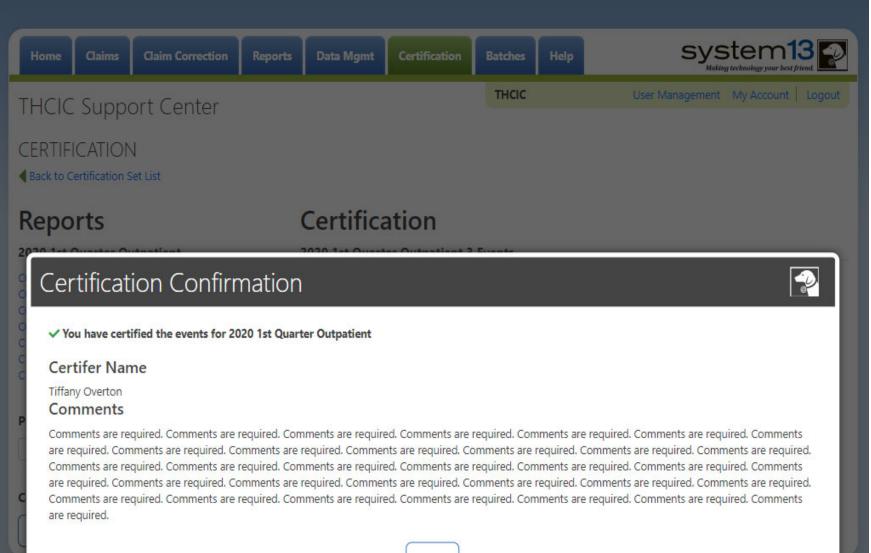
PLEASE NOTE:

To maintain confidentiality, comments must not disclose the identity of patients or physicians. Please do not include PHI/PPI information.

Home	Claims	Claim Correction	Reports	Data Mgmt	Certification	Batches	Help	system13 Making technology your best friend.
THCIC	Suppo	ort Center				тнсіс	-	User Management My Account Logout
CERTIFIC Back to Cer								
Repor	ts		3	Certifica	ation			
C02: Top 30 F C03: Top 30 A C04: Top 30 P C05: Top 30 P C06: HCFA Di C07: DRG Mo C08: Patients	fication ICFA Diagno PR Diagno rincipal Dia rincipal Pro agnosis Rel rtality Statis by Attendir by Operatis by Operatis bunt for 1st bunt for 2nd	Summary osis Related Groups sis Related Groups ognoses ocedures ated Groups stics by Practitioner og Practitioner og Practitioner Physician d Physician	Comr Have	nents are released you verified your	HI/PII in C d publicly. comments do not YES NO	contain any P	HI/PII?	ATE CERTIFIER NAME comments area. alth information (PHI), such as the identity of d data.
Processing								
Hardcopy Er	ncounter Er	ror Summary	× •					
Certification		FILE		/ou may call the h	nelp desk and arrar			orrect your facility's data, if needed.
	- V	When a fac	-		-			ents, please add your



comments in the field before you click to certify this data. Comments cannot contain PHI/PII information.



Texas Department of State Health Services

Confirmation - Certify With Comments Email Confirmation

Wed 6/17/2020 9:46 AM

DSHS - Center for Health Statistics <noreply@system13.com>

THCIC Outpatient 1Q2020 Data Certification for 000029 [G1]

To Overton, Tiffany (DSHS)

🚹 We removed extra line breaks from this message.

WARNING: This email is from outside the HHS system. Do not click on links or attachments unless you expect them from the sender and know the content is safe.

Texas Health Care Information Collection THCIC

1Q2020 Certification of Data

Your facility, THCIC Id 000029, has completed the certification of their Outpatient 1Q2020 data.

Thank you.

The certifier of record will get this email when the data has been certified with comments.



Certification Completed/ Status



ports Data Mgmt	Certification	Batches	Help	system13		
		тнсіс		User Management My Account Logout		
OUTPATIENT						
When a facility is 'Past cut-off date for generation of Cert. Data' this message means that the facility cannot use 'Encounter on Demand', which will allow a facility to start certification before it is facilitated by System 13.						
When a facility clicks Certification and data has been certified, elected not to certify or failed to certify the facility will see the messages on the certification page by the quarter in question.						
If a facility wants to change the status, correct or regenerate their certification files, the facility will have						
to contact	t System I	3.				
	Cert. Data use 'Encou start certi When a fa certified, a facility will by the qua If a facility regenerat	Cert. Data' this means use 'Encounter on E start certification b When a facility click certified, elected no facility will see the by the quarter in quarter in quarter If a facility wants to regenerate their ce	When a facility is 'Past cut- Cert. Data' this message m use 'Encounter on Demand start certification before it When a facility clicks Certific certified, elected not to certific facility will see the message by the quarter in question.	When a facility is 'Past cut-off dat Cert. Data' this message means to use 'Encounter on Demand', which start certification before it is facil When a facility clicks Certification certified, elected not to certify or facility will see the messages on to by the quarter in question. If a facility wants to change the sto regenerate their certification files		

Certification Completed/ Activity Dashboard – Grid View



Home	Claims Claim Correction Report	s Data Mgmt Certification Batche	es Help System13
Activ	vity Dashboard 💷 🗏	тнс	IC User Management My Account Logout
	WEB CLAIM ENTRY CORRECT E	RRORS START CERTIFICATION	
	SUBMISSION No claims are present for this quarter.	CERTIFICATION No claims are present for this quarter.	NEXT DEADLINE Q4 2019 CERTIFICATION 15 DAYS
Q4 2019			Performance History
	Submission due 2 Mar 2020 Correction due 1 May 2020	Certification due 15 Jul 2020	2.5
Q1 2020	SUBMISSION Outpatient Data is already built into a certification set.	CERTIFICATION Outpatient JAN 1 FEB 1 MAR 1 TOTAL 3 ACCURACY 100% Outpatient Certified	2
	Submission due 1 Jun 2020 Correction due 3 Aug 2020	Certification due 15 Oct 2020	0.5 Linkovinska kolkarina kan kan kan kan kan kan kan kan kan k
	SUBMISSION No claims are present for this quarter.	CERTIFICATION No claims are present for this quarter.	0 Q4 2019 Q1 2020 Q2 2020 Q3 2020 Inpatient - Bad Inpatient - Good Outpatient - Bad Outpatient - Good
Q2 2020			
	Submission due 1 Sep 2020 Correction due 1 Nov 2020	Certification due 15 Jan 2021	To protect your data, THCIC requires passwords to be reset every 60 days.

Certification Completed/ Activity Dashboard – List View



Home Claims	s Claim Correction Reports Data Mgmt Certification	Batches	Help System13
Activity D	ashboard 🎟 📃	тнсіс	User Management My Account Logout
WEB	CLAIM ENTRY CORRECT ERRORS START CERTIFICATION		
Q4 2019 SUBMISSION	No claims are present for this quarter. Submission due 2 Mar 2020 Correction due 1 May 2020		NEXT DEADLINE Q4 2019 CERTIFICATION 15 DAYS
Q4 2019 CERTIFICATION	No claims are present for this quarter. Certification due 15 Jul 2020		Performance History
Q1 2020 SUBMISSION	Outpatient Data is already built into a certification set. Submission due 1 Jun 2020 Correction due 3 Aug 2020		2.5
Q1 2020 CERTIFICATION	OutpatientOutpatientJAN1FEB1MAR1TOTAL3ACCURACY100%		0.5
Q2 2020 SUBMISSION	No claims are present for this quarter. Submission due 1 Sep 2020 Correction due 1 Nov 2020		0 Q4 2019 Q1 2020 Q2 2020 Q3 2020 Inpatient - Bad Inpatient - Good Outpatient - Bad Outpatient - Good
Q2 2020 CERTIFICATION	No claims are present for this quarter. Certification due 15 Jan 2021		QUICK TIP: To protect your data, THCIC requires passwords to be reset every 60 days.



Helpful Tips

Certification Tips

Suggestions on how to provide physician certification review.

- Involve physicians sooner in the data review process.
- Provide reports to physicians when data is submitted to THCIC or sooner.
- 🕺 Recruit physician advocates.
- X Develop reports that better fit the facility organization's personality.

Suggestions on researching mapping problems.

- ✗ If a facility is using a vendor, contact the vendor to see if problem has already been reported.
- If a facility is not using a vendor, the facility must check with their Information Systems department and have them check their programs.
- X Look at submission reports for skews.



Texas Department of State Health Services

Certification

Questions/ Comments



Questions, comments or need clarification please e-mail

<u>thcichelp@dshs.state.tx.us</u>

The e-mail should include the facility's THCIC ID.



THCIC Contact



Texas Health Care Information Collection Dept of State Health Services – Center for Health Statistics 1100 W 49th St, Ste M-660 Austin, TX 78756

Phone: 512- 776-7261

E-mail: THCIChelp@dshs.texas.gov

Web site: <u>https://www.dshs.texas.gov/texas-health-</u> <u>care-information-collection</u>





Contact Tiffany Overton email at

<u>Tiffany.Overton@dshs.texas.gov</u> if a facility has questions concerning the submission, correction, or certification of data.

Contact Adrianna Jackson email at <u>Adrianna.Jackson2@dshs.texas.gov</u> if outpatient submitter test/production files reject due to a submission address or EIN/NPI number.

For general questions or to request information about THCIC please e-mail to <u>thcichelp@dshs.texas.gov</u>

Texas Department of State Health Services







Address: System I 3, Inc I 648 State Farm Blvd. Charlottesville, VA 22911

Phone: I-888-308-4953
 Fax: 434-979-1047
 E-mail: THCIChelp@system13.com
 Web site: https://thcic.system13.com